## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 09, 2005 08:00 AM Secretary of State DOCUMENT # P00000001911 1. Entity Name SWEET TEARS PRODUCTIONS, INC. Principal Place of Business Mailing Address PO BOX 590248 PO BOX 590248 TAMARAC, FL 33359 TAMARAC, FL 33359 02032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0971651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALMEIDA, LUIS DO NOT WRITE 5461 NW 57 ST IN THIS SPACE FORT LAUDERDALE, FL 33319 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable INOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ALMEIDA, LUIS STREET ADDRESS PO BOX 590248 TAMARAC, FL 33359 CITY-ST-ZIP \_000000222702 TITLE 1/2/10/05-90012-004 150.no NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i); Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Almeida

8/05 954 726-5078

Daytime Phone #

**FILED**