## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Jul 21, 2004 8:00 am Secretary of State **DOCUMENT # P00000015274** 07-21-2004 90020 042 \*\*\*150.00 QUETZAL FILMS, CORP. Principal Place of Business Mailing Address 54063946 9832 COSTA DEL SOL BLVD 9832 COSTA DEL SOL BLVD MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address 1865 79th St C 18657516 Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E034 (10/03) TK City & State City & State 4. FEI Number Applied For 65-0981259 Not Applicable <sup>Zip</sup> 3141 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACORIX PERERA, LEONARDO M 1302 EUCILD AV #6 Street Address (P.O. Box Number is Not Acceptable) MIAMI'BEACH; FL\*33139~ City Zip Code FL 6. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition Change : Pereva, Macorix 1865 79th St Cocus PERERA, MACORIX NAME . 9832 COOLER DEL SOL BLVD STREET ADDRESS STREET ADDRESS sorth Bay village, CITY-ST-ZIP MIAMI, FL. 33178 CITY-ST-ZIP EL, 33141 Delete TITLE TITLE Change Change Addition uz velez, waytl LUZ VELER, MARTHA NAME NAME 9832 COOLER DEL SOL BLVD 1265 79th St Count STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 C/TY-ST-7IP worth Bayuilkape ,33141 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME -NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-719 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 12. I hereby certify that the information supplied with this filing 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.

**FILED** 

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