


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 11, 2005 08:00 AM
Secretary of State.

DOCUMENT # P00000018837	
1. Entity Name PALS PRODUCTIONS, INC.	

Principal Place of Business 12167 NW 35TH ST. SUNRISE, FL 33323	Mailing Address 12167 NW 35TH ST. SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0984574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHUCK MOGBO, P.A.
2800 W. OAKLAND PARK BLVD., STE. 209
OAKLAND PARK, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000298517
04/11/05-80068-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOURZONG, SHARON 12167 NW 35TH ST. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOURZONG, LASCELLE 12167 NW 35TH ST. SUNRISE, FL 33323
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: LASCELLE GOURZONG 04/04/05 954 5720483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #