


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P00000035063		
1. Entity Name FRAMARC PRODUCTIONS, INC.		

Principal Place of Business 16359 S.W. 95 LANE MIAMI, FL 33196	Mailing Address 16359 S.W. 95 LANE MIAMI, FL 33196
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MIRANDA, MARCOS
16359 S.W. 95 LANE
MIAMI, FL 33196**

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)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000855608 03/27/08-80057-002 158.75
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10. OFFICERS AND DIRECTORS

TITLE PDTD	NAME MIRANDA, MARCOS
STREET ADDRESS 16359 S.W. 95 LANE	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE SD	NAME MIRANDA, MARCOS
STREET ADDRESS 16359 SW 95 LANE	
CITY-ST-ZIP MIAMI, FL 33196	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3-11-08 (305-4089916)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #