


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P000Q0059019 1. Entity Name PELSALEK PRODUCTIONS, INC. |  |
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|---|---|
| Principal Place of Business 950 STILL WATER DRIVE MIAMI BEACH, FL 33141 | Mailing Address 950 STILL WATER DRIVE MIAMI BEACH, FL 33141 |
|---|---|

DO NOT WRITE IN THIS SPACE



08042004 No Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-1016655 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**PLES, ALEJANDRO
950 STILL WATER DRIVE
MIAMI BEACH, FL 33141**

**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 \$550.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|--|--|

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P PLES, ALEJANDRO 950 STILL WATER DRIVE MIAMI BEACH, FL 33141 |
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08/09/04-80006-006 158.75

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:  **Jul 27 /04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #