

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000087432

**FILED**  
**Nov 05, 2007**  
**Secretary of State**

**Entity Name:** GIL SANTOS PRODUCTIONS, INC.

### **Current Principal Place of Business:**

350 LINCOLN RD  
SUITE 430  
MIAMI BCH, FL 33139 US

### **New Principal Place of Business:**

5401 COLLINS AVE  
SUITE 4P  
MIAMI BCH, FL 33140 US

### **Current Mailing Address:**

350 LINCOLN RD  
SUITE 430  
MIAMI BCH, FL 33139 US

### **New Mailing Address:**

5401 COLLINS AVE  
MIAMI BEACH, FL 33140 US

**FEI Number:** 65-1036694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

### **Name and Address of Current Registered Agent:**

SANTOS, GIL  
350 LINCOLN RD  
SUITE 430  
MIAMI BCH, FL 33139 US

### **Name and Address of New Registered Agent:**

SANTOS, LAVENIA D  
5401 COLLINS AVE  
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: LAVENIA DIANNE SANTOS

11/05/2007

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SANTOS, GIL  
Address: 350 LINCOLN RD 430  
City-St-Zip: MIAMI BCH, FL 33139

Title: VSD (X) Delete  
Name: SANTOS, DIANNE  
Address: 5401 COLLINS AVE 4P  
City-St-Zip: MIAMI BEACH, FL 33140

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: SANTOS, LAVENIA  
Address: 5401 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVENIA DIANNE SANTOS

PDT

11/05/2007

Electronic Signature of Signing Officer or Director

Date