

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 044 ***158.75

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1. Entity Name
VISION PRODUCTION STUDIOS, INC.



Principal Place of Business
550 BILTMORE WAY, STE 1180
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY, STE 1180
CORAL GABLES, FL 33134

94061934



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1056766

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SPINE ISLAND RD
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BANDEL, STEVEN I
STREET ADDRESS 550 BILTMORE WAY, STE 1180
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV
NAME BARDASANO, CARLOS
STREET ADDRESS 550 BILTMORE WAY, STE 1180
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV
NAME FRAIZ-GRIJALBA, MANUEL
STREET ADDRESS 550 BILTMORE WAY, STE 1180
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV
NAME RIVERA, ALEJANDRO
STREET ADDRESS 550 BILTMORE WAY, STE 1180
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DVT
NAME VILLANUEVA, LUIS
STREET ADDRESS 550 BILTMORE WAY, STE 1180
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S
NAME MONTOYA, GABRIEL
STREET ADDRESS 550 BILTMORE WAY, SUITE 1180
CITY-ST-ZIP CORAL GABLES, FL 33134

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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)(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.

SIGNATURE: Gabriel Montoya, Secretary

(305) 442-3425

3/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #