




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90278 029 \*\*\*150.00

<b>DOCUMENT # P00000104013</b> 1. Entity Name <b>SHELLDON PRODUCTIONS, CORP.</b>			
Principal Place of Business <b>901 NW 29TH AVE MIAMI, FL 33125</b>		Mailing Address <b>901 NW 29TH AVE MIAMI, FL 33125</b>	
2. Principal Place of Business <b>3215 NW 3rd Street</b> Suite, Apt. #, etc. <b>Apart: # 1</b> City & State <b>Miami, FL</b> Zip <b>33125</b>		3. Mailing Address <b>3215 NW 3rd Street</b> Suite, Apt. #, etc. <b>Apart: 1</b> City & State <b>Miami, FL</b> Zip <b>33125</b>	
Country <b>E.E.UU</b>		Country <b>EE.UU.</b>	
4. FEI Number <b>65-1071814</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P <b>CR2E034 (10/03)</b> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPEZ, RICARDO 901 NW 29TH AVE MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>Sheldon Productions, Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>3215 NW 3rd Street</b> City <b>Miami, FL</b> Zip Code <b>33125</b>	
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 		DATE <b>04/20/05</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, RICARDO 901 NW 29TH AVE MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, RICARDO 3215 NW 3rd Street Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONTOKA, GLORIA 901 NW 29TH AVE MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ, WILLMAR 901 NW 29TH AVE MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIFUENTES, JUAN 901 NW 29TH AVE MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE <b>04/20/05</b> Daytime Phone # <b>(305) 631 98 80</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

20041672

