


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90404 011 \*\*\*158.75

<b>DOCUMENT # P00000113226</b>	
1. Entity Name <b>SOUTH BEACH CIRCUS PRODUCTION, INC.</b>	

Principal Place of Business <b>750 NE 62 ST 207 MIAMI, FL 33138</b>	Mailing Address <b>4301 COLLINS AVE #702 MIAMI BEACH, FL 33140</b>
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2. Principal Place of Business <b>7601 EAST TREASURY DRIVE</b>	3. Mailing Address <b>7601 EAST TREASURY DRIVE</b>
Suite, Apt. #, etc. <b>#1605</b>	Suite, Apt. #, etc. <b>#1605</b>

City & State <b>NORTH BAY VILLAGE, FL</b>	City & State <b>NORTH BAY VILLAGE, FL</b>
Zip <b>33141</b>	Country <b>MIAMI-DADE</b>
Zip <b>33141</b>	Country <b>MIAMI-DADE</b>

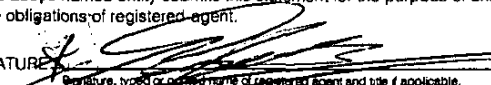


04192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1061384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BECERRA, PEDRO F 8901 NE 10TH AVE MIAMI SHORES, FL 33138</b>	7. Name and Address of New Registered Agent Name <b>BECERRA, PEDRO DEPARTMENT OF STATE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7601 EAST TREASURY DRIVE # 1605</b> City <b>NORTH BAY VILLAGE</b> FL <b>33141</b>
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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:  **PEDRO BECERRA** 04/20/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECERRA, PEDRO F 8901 NE 10TH AVE #702 MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECERRA, PEDRO F. 7601 EAST TREASURY DRIVE # 1605 NORTH BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECERRA, FEDERICO B 4301 COLLINS AVE #702 MIAMI BEACH, FL 33138 <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
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 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:  **PEDRO BECERRA** 04/20/2006 (786) 286-7146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #