

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90487 021 ***150.00

DOCUMENT # P01000003852

1. Entity Name
QUIQUE DAPIAGGI PRODUCTIONS INC.



Principal Place of Business
**7525 E TREASURY DRIVE #7N
MIAMI BEACH, FL 33141**

Mailing Address
**7525 E TREASURY DRIVE #7N
MIAMI BEACH, FL 33141**



2. Principal Place of Business
7601 E. TREASURE DR.

3. Mailing Address
7601 E. TREASURE DR

Suite, Apt. #, etc.
416

Suite, Apt. #, etc.
416

04202005 Chg-P CR2E034 (10/03)

City & State
NORTH BAY VILLAGE

City & State
NORTH BAY VILLAGE

4. FEI Number
65-1086095

Applied For
Not Applicable

Zip
33141

Country
D.

Zip
33141

Country

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

6. Name and Address of Current Registered Agent

**DAPIAGGI, ENRIQUE F
7525 E TREASURY DRIVE #7N
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name **DAPIAGGI, ENRIQUE F.**

Street Address (P.O. Box Number is Not Acceptable)

7601 E. TREASURE DRIVE # 416

City **NORTH BAY VILLAGE**

FL

Zip Code
33141

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAPIAGGI, ENRIQUE F	
STREET ADDRESS	7525 E TREASURY DRIVE #7N	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	BURGO, OLGA B	
STREET ADDRESS	7525 E TREASURY DRIVE #7N	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAPIAGGI, ENRIQUE F	
STREET ADDRESS	7601 E. TREASURE DRIVE # 416	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGO, OLGA B	
STREET ADDRESS	7601 E. TREASURE DRIVE # 416	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-05

Date

Daytime Phone #