

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90194 047 ***150.00

DOCUMENT # P01000058046

1. Entity Name
PRISMA INTERNATIONAL, CORP.



90000010

Principal Place of Business
**6555 NW 36 ST.
#313
MIAMI, FL 33166**

Mailing Address
**6555 NW 36 ST.
#313
MIAMI, FL 33166**

2. Principal Place of Business - No P.O. Box #
9831 NW 58 ST

3. Mailing Address
9831 NW 58 ST

Suite, Apt. #, etc.
UNIT 150

Suite, Apt. #, etc.
UNIT 150

City & State
MIAMI - FLORIDA

City & State
MIAMI - FLORIDA

Zip Country
33178 USA

Zip Country
33178 USA

01122007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1118375

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOVIES, IDA
2307 DOUGLAS RD. #400
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DE MOTTA, MARISA V**
STREET ADDRESS **6555 NW 36 ST., #313**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **DE MOTTA, MARISA V**
STREET ADDRESS **6555 NW 36 ST. #313**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/07
Date

Daytime Phone #