

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

05 SEP 13 PH 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078824

1. Entity Name  
UNA HORA CON VENEZUELA PRODUCTION, INC.



Principal Place of Business  
11790 NW SOUTH RIVER DR  
MEDLEY, FL 33178

Mailing Address  
11790 NW SOUTH RIVER DR  
MEDLEY, FL 33178

**DO NOT WRITE IN THIS SPACE**



09072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1129140

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VILLAROEL, FRANK  
8612 NW 70TH STREET  
MIAMI, FL 33166

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLI, MERCEDES B 11790 NW SOUTH RIVER DR MEDLEY, FL 33178
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300059793873  
09/20/05--01059--008 \*\*350.00

**DO NOT WRITE  
IN THIS SPACE**

**K. Eckel SEP 14 2005**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_