

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000085626

1. Entity Name
MARLI PRODUCTIONS CORPORATION



Principal Place of Business

10200 NW 25 ST
SUITE 202
MIAMI, FL 33172

Mailing Address

10200 NW 25 ST
SUITE 202
MIAMI, FL 33172



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1154850

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BELTRAN, HUGO E
10200 NW 25 ST
SUITE 202
MIAMI, FL 33172

**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

Signature of the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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 P
NAME BELTRAN, HUGO E
STREET ADDRESS 10200 NW 25 ST
CITY- ST- ZIP MIAMI, FL 33172

TITLE M
NAME BELTRAN, LUIS A
STREET ADDRESS 10200 NW 25 ST
CITY- ST- ZIP MIAMI, FL 33172

TITLE V
NAME BELTRAN, MARIO M
STREET ADDRESS 10200 NW 25 ST
CITY- ST- ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000217572
02/07/05-80029-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/05 (786) 344 5614