

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90208 042 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 10200 NW 25 St.		3. Mailing Address 10200 NW 25 St.	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State Miami, FL		City & State Miami, FL	
Zip 33172		Zip 33172	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent BELTRAN, HUGO E 10200 NW 25 ST SUITE 202 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Beltran, Hugo E. Street Address (P.O. Box Number is Not Acceptable) 10200 NW 25 St. - Ste. 202 City: Doral FL Zip Code: 33172	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELTRAN, HUGO E 10200 NW 25 ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Beltran, Hugo E. 10200 NW 25 St. Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELTRAN, LUIS A 10200 NW 25 ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Beltran, Luis A. 10200 NW 25 ST. Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELTRAN, MARIO M 10200 NW 25 ST MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Beltran, Mario M. 10200 NW 25 ST. Doral, FL 33172
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 recorder 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:		Date: 03/19/07 (305) 265-3497	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hugo E. Beltran			

40071000



03152007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1154850 Applied For Not Applicable

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

03/19/07