

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000105877

1. Entity Name
BLUE HEAVEN PRODUCTIONS, INC.



Principal Place of Business

390 ALTON RD
SUITE 3
MIAMI BEACH, FL 33139

Mailing Address

390 ALTON RD
SUITE 3
MIAMI BEACH, FL 33139

FILED

05 MAY -2 PM 2:10

SECRET
TALLAHASSEE, FLORIDA

[Handwritten signature]



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVERHARD, SUSAN W
1281 SOUTH VENETIAN WAY
MIAMI, FL 33139

**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, 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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, JEANNETTE E
2519 BOWEN ST.
OSHKOSH, WI 549012021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVERHARD, SUSAN W
1281 SOUTH VENETIAN WAY
MIAMI, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWRYK, ALEX
390 ALTON RD
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWRYK, MARILYN
390 ALTON RD
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900054233079
05/10/05--01099--001 **650.00

**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)(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:

[Handwritten signature: Susan W. Everhard]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten date: 4/20/05]

Date

[Handwritten phone number: (305) 532-8600]

Daytime Phone #