

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000783

FILED
Apr 29, 2004
Secretary of State

Entity Name: POR AMOR AL ARTE PRODUCTION, INC.

Current Principal Place of Business:

11313 SW 114 CIR TERR.
MIAMI, FL 33176

New Principal Place of Business:

5255 COLLINS AVE.
2B
MIAMI BEACH, FL 33140

Current Mailing Address:

11313 SW 114 CIR TERR.
MIAMI, FL 33176

New Mailing Address:

5255 COLLINS AVE.
2B
MIAMI BEACH, FL 33140

FEI Number: 01-0589010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALBUENA, HADY
11313 SW 114 CIR TERR.
MIAMI, FL 33176

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BALBUENA, HADY
Address: 11313 SW 114 CIR TERR.
City-St-Zip: MIAMI, FL 33176

Title: VSD () Delete
Name: VERANES, ELSIE A
Address: 5255 COLLINS AVE., APT. 2B
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change () Addition
Name: ALVAREZ, ELSIE
Address: 5255 COLLINS AVE., APT. 2B
City-St-Zip: MIAMI BEACH, FL 33140

Title: SEC () Change (X) Addition
Name: ALONSO, MIRIAM
Address: 5255 COLLINS AVE, APT.2B
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSIE ALVAREZ

VSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date