


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90082 023 ***150.00

DOCUMENT # P02000015574 1. Entity Name L.J. PRODUCTIONS TV USA, INC.			
Principal Place of Business 872 STATON DR WESTON, FL 33326		Mailing Address 872 STATON DR WESTON, FL 33326	
2. Principal Place of Business 7782 N.W. 46 STREET		3. Mailing Address 15912 W. STATE RD, 84	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State SUNRISE FLORIDA	
Zip 33166		Zip 33326	
Country USA		Country USA	
4. FEI Number 03-0394014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUIA, CARLOS R 1121 BLUE WOOD TERRACE WESTON, FL 33327		7. Name and Address of New Registered Agent Name LUIS JIMENEZ Street Address (P.O. Box Number is Not Acceptable) 872 STATON DR. City WESTON, FL. FL Zip Code 33326	
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, 2004 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	D JIMENEZ, LUIS 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUIS JIMENEZ 872 STATON DR. WESTON, FL. 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIA, ANA M 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, MARISOL 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICENO, DEYANIRA 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEYANIRA BRICENO 872 STATON DR. WESTON, FL. 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIA, CARLOS R 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, MARISOL 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, MARISOL 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, MARISOL 1121 BLUE WOOD TERRACE WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____ Daytime Phone # _____			