


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045396 1. Entity Name FERNANDO HIDALGO PRODUCTIONS INC.	
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FILED
Jun 13, 2008 08:00 AM
Secretary of State

Principal Place of Business 12840 B. BAYSHORE DRIVE NORTH MIAMI, FL 33181-2427	Mailing Address 1820 JAMES AVE 2B MIAMI BEACH, FL 33139
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04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0100095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VALIDO, FELIX M
 1820 JAMES AVENUE APT. 2B
 MIAMI BEACH, 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: *Fernando Hidalgo* (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORONA-HIDALGO, FERNANDO 12840 B. BAYSHORE DRIVE NORTH MIAMI, FL 331812427
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06/13/08-80002-004 158.75

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 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: * *Fernando Hidalgo* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____