2005 FOR PROFIT CORPORATION ANNUAL REPORT

· FILED Mar 03, 2005 08:00 AM DOCUMENT # P02000062800 --- > **Secretary of State** 1. Entity Name ROCH BORDENAVE PRODUCTIONS, INC. Principal Place of Business Mailing Address 231 SEABREEZE CIRCLE 231 SEABREEZE CIRCLE JUPITER, FL 33477 JUPITER, FL 33477 02162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1160340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BORDENAVE, ROCH DO NOT WRITE 231 SEABREEZE CIRCLE JUPITER, FL 33477 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 eignature required when remstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 -After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BORDENAVE, ROCH U00000249827 STREET ADDRESS 231 SEABREEZE CIRCLE 03/03/05-80019-008 150.00 CITY-ST-ZIP JUPITER, FL 33477 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusted employees 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 accuracy, with all other like employment.

SIGNATURE:

MLE NAME STREET ADDRESS CITY-ST-ZIP

BOOK BOOK DENANT - (250) DENT

561.951.9920