

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-29-2004 90089 045 ***158.75

DOCUMENT # P02000078926

1. Entity Name
EJEMPLO PRODUCCIONES, INC.



Principal Place of Business

**10397 SW 88TH ST
W7
MIAMI, FL 33176**

Mailing Address

**10397 SW 88TH ST
W7
MIAMI, FL 33176**

2. Principal Place of Business

402 APOLLO DR

Suite, Apt. #, etc.

3. Mailing Address

402 APOLLO DR

Suite, Apt. #, etc.



04272004

Chg-P

CR2E034 (10/03)

City & State

MURFREESBORO TN

Zip **37130**

Country

USA

City & State

MURFREESBORO TN

Zip **37130**

Country

USA

4. FEI Number

36-4522226

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ESPINOZA, DIMAS
5055 NW 7TH ST STE 409
C/O NOE GIL
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name

Boanerge Espinoza

Street Address (P.O. Box Number is Not Acceptable)

3228 NW 102nd Ter.

City

CORAL SPRINGS

FL

Zip Code

33065

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

Boanerge Espinoza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete
NAME **ESPINOZA, DIMAS**
STREET ADDRESS **10397 SW 88TH ST #W7**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **DCOO** ☐ Delete
NAME **ESPINOZA, MARTHA**
STREET ADDRESS **10397 SW 88TH ST #W7**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **402 APOLLO DR.**
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **402 APOLLO DR**
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **DIMAS ESPINOZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

Date

615-867-2922

Daytime Phone #