2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000080230

1. Entity Name

CARMELO GASSETTE PRODUCTIONS, INC.



Principal Place of Business

9300 NW 58 ST UNIT 208 MIAMI, FL 33178 Mailing Address

114 E LOMITA AVE UNIT 6 GLENDALE, CA 91205

FILED Feb 22, 2008 08:00 A Secretary of State



					02182008 No Chg-P CR2E034 (11/05)							
, D	O NOT WRITE IN	NITHIS SPA	نٹیز طاق	4. FEI Numbe			Applied For					
day be to the second	grafia distributas kirika k	Michigan State	02-0634	02-0634425								
The Care S	alle sent for the last of the second		5. Certificate of Status Desired									
	6. Name and Address of Current Regis	tered Agent	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			Principles						
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLOOR MIAMI, FL 33145			The second secon	• • •	NOT WI	ari in an a						
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	i applicable (NOTE: Registere	d Agent signalute require	d when reinstating)	<u> </u>	DATE • C						
FILE After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		i.00 May Be ded to Fees		194						
10.	OFFICERS AND DIREC	CTORS	14 3 Robert 2	A Shareth	THE COLUMN	The state of						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GASSETTE, CARMELO 9300 NW 58 ST UNIT 208 MIAMI, FL 33178				. 000000 02/28/08=		1 150 100					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	Service Strandard Co						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ie ING Garangang Kabupangang	THIS SP	ACE						
TITLE . NAME STREET ADDRESS CITY-ST-ZIP -		a <u>~</u>										
NAME STREET ADDRESS		the second of th	and a second of the second of									

12. I hereby certify that the information supplied with this filling 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 an other like empowered.

SI	G	N	T	11	R	F٠
-3			~ .	u	т	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/8

Daytime Phone #