2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092160

SALNAVE, FIDEL

6201 NW 27TH AVE

OPA LOCKA, FL 33056

Name:

Address:

City-St-Zip:

Entity Name: SLEDGEHAMMER PRODUCTIONS, INC.

FILED Apr 26, 2006 Secretary of State

•			,			
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
SUITE 206	8TH COURT					
Current Mailing Address:			New Mai	New Mailing Address:		
454 N.E. 210 CIR TER SUITE 201 NORTH MIAMI BEACH, FL 33179			SUITE 20	20735 N.E. 8TH COURT SUITE 206 NORTH MIAMI BEACH, FL 33179		
FEI Number:	03-0515267	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent	: Name an	Name and Address of New Registered Agent:		
SUITE 206 NORTH MI	8TH COURT AMI BEACH, named entity	FL 33179 US	ne purpose of changing	its register	red office or registered agent, or both,	
SIGNATUF						
OIOIVATOI		nic Signature of Registered	Agent	nt Date		
Election Can	npaign Financin	ng Trust Fund Contribution ().				
OFFICERS	S AND DIREC	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip: Title:	SPENCE, MAR 20735 N.E. 8T NORTH MIAMI) Delete RLON H COURT, SUITE 206 BEACH, FL 33179 () Delete	Title: Name: Address: City-St-Zip: Title:		(X) Change () Addition MARLON E. 8TH COURT, SUITE 206 IIAMI BEACH, FL 33179 () Change () Addition	
Name: Address: City-St-Zip:	BENDER, FRE 29 NE 95 ST MIAMI SHORE		Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	O (HUBERT, JOH 2555 NW 207 OPA LOCKA, F	ST	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	0 () Delete	Title:	0	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SALNAVE, FIDEL

2200 PARK LANE #307

HOLLYWOOD, FL 33021

SIGNATURE: M. SPENCE O 04/26/2006