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Jan 30, 2004 8:00 am
Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104795

1. Entity Name
SPAIN PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~5895 SW 74 AVE~~ 1320 FLAMINGO WAY ~~MIAMI, FL 33143~~ US MIAMI BEACH, FL 33139	~~5895 SW 74 AVE~~ FLAMINGO WAY ~~MIAMI, FL 33143~~ US MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
1320 FLAMINGO WAY	1320 FLAMINGO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 56-2348673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, CARLOS
~~5895 SW 74TH AVE~~
~~MIAMI, FL 33143~~

7. Name and Address of New Registered Agent

Name ESTRADA, CARLOS
Street Address (P.O. Box Number is Not Acceptable)
1320 FLAMINGO WAY
City MIAMI BEACH FL Zip Code 33139

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] CARLOS ESTRADA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM ESTRADA, CARLOS ~~5895 SW 74TH AVE~~ WEST PALM BEACH, FL 33413 ?!	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM ESTRADA, CARLOS 1320 FLAMINGO WAY MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] CARLOS ESTRADA 7863269791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #