## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 26,-2004 08:00 AM Secretary of State DOCUMENT # P02000116219 Entity Name LALO PRODUCTION, INC. Principal Place of Business Mailing Address 8754 NW 107 TERR 8754 NW 107 TERR HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 03062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1636524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAZQUEZ, EULALIO DO NOT WRITE 8754 NW 107 TERR HIALEAH GARDENS, FL 33018 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 argnature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE VAZQUEZ, EULALIO HAVE 8754 NW 107 TERR STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 TIFLE NAME U00000097185 03/26/04-80029-004 150.00 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 πιε SALAR STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 others.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR