


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91060 007 ***158.75

DOCUMENT # P03000001445

1. Entity Name
POKER FACE PRODUCTIONS INC.



Principal Place of Business
**11365 S W 47TH TERRACE
 MIAMI, FL 33165**

Mailing Address
**11365 S W 47TH TERRACE
 MIAMI, FL 33165**

2. Principal Place of Business
**7911 N.W. 72 AVE
 Suite, Apt. #, etc.
 201A**

3. Mailing Address
**11365 SW 47 terrace
 Suite, Apt. #, etc.**

City & State
Madley, Fl.

City & State
Miami, Fl.

Zip
33166

Country
U.S.

Zip
33165

Country
US



04262004 Chg-P CR2E034 (10/03)

4. FEI Number
90-0107152

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURILLO, JOSHUA
 11365 S W 47TH TERRACE
 MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: *Joshua Murillo* **Joshua Murillo** **4/26/04**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MURILLO, JOSHUA	
STREET ADDRESS	11365 S W 47TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURILLO, JOHANN	
STREET ADDRESS	10030 HAMMOCKS BLVD., APT. 206	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	OCHOA, OSCAR ANDRES	
STREET ADDRESS	17300 NW 68TH AVE., APT. 411	
CITY-ST-ZIP	MIAMI LAKES, FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTALVAN, MICHAEL	
STREET ADDRESS	11031 S W 40TH TERR	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jose Decardenas	
STREET ADDRESS	3524 SW 118 PL	
CITY-ST-ZIP	Miami, Fl. 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael Montalvan* **Michael Montalvan** **4/26/04** **(305) 382-6575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #