FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90474 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000018329

1. Entity Name

M P I GROUP PRODUCTIONS,INC.

54053919

Principal Place of Business	Mailing Address
168 S.E 1ST STREET SUITE 1006 MIAMI FL 33131	168 S.E.1ST STREET SUITE 1006 MIAMI FL 33131

04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLY FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REYES GERARDO
168 S.E. 1ST STREET
SUITE 1006
MIAMI FL 33131

DO NOT WRITE 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 _____ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $600.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / REYES,GERARDO 168 S.E 1ST STREET SUITE 1006 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ LEON, GUILLERMO 168 S.E 1ST STREET Suite 1006 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 asterisk, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #