


**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

UUUHUUUA.

<b>DOCUMENT # P03000018329</b>				08-18-2005 90004 001 ***150.00	
1. Entity Name M.P.I. GROUP PRODUCTIONS, INC.					
Principal Place of Business 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131		Mailing Address 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07082005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REYES, GERARDO 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
P REYES, GERARDO 168 S.E. 1ST STREET, SUITE 1006 MIAMI, FL 33131					
VP LEON, GUILLERMO 168 S.E. 1ST STREET, SUITE 1006 MIAMI, FL 33131					
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: _____ 7/8/05 305 300 9040					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

M.P.I. GROUP PRODUCTIONS, INC.

66027044

168 S.E. 1<sup>st</sup> Street  
Suite 1006  
Miami, FL 33131

9/1/2005

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

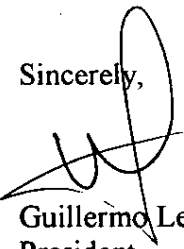
RE: MPI Group Productions, Inc..  
Doc #P03000018329  
FEI # 20-3122440.

Dear Sir/Madam:

This is to inform you that we had filed the annual report but by mistake we forgot to write down the EIN which is 20-3122440

Please make a note of it, and correct your records accordingly.

Sincerely,



Guillermo Leon  
President