

2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/17

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-01-2004 90009 006 ***550.00

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|---|---------------------------------|---|--|
| DOCUMENT # P03000032438 1. Entity Name SANCOCHO PRODUCTIONS, INC. | | | |
| Principal Place of Business 2800 BISCAYNE BLVD., PENTHOUSE MIAMI, FL 33137 | | Mailing Address 2800 BISCAYNE BLVD., PENTHOUSE MIAMI, FL 33137 | |
| 2. Principal Place of Business 4770 Biscayne Blvd. Suite, Apt. #, etc. Suite 1100 City & State MIAMI, FL Zip 33137 | | 3. Mailing Address 4770 Biscayne Blvd. Suite, Apt. #, etc. Suite 1100 City & State MIAMI, FL Zip 33137 | |
| Country USA | | Country USA | |
| 4. FEI Number 51-0460425 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent REICHENBACHER, JEFFREY E ESQ. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 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 PD NAME BALAGUER, LUIS STREET ADDRESS 2800 BISCAYNE BLVD., PENTHOUSE CITY-ST-ZIP MIAMI, FL 33137 | <input type="checkbox"/> Delete | TITLE PD NAME BALAGUER, LUIS STREET ADDRESS 4770 BISCAYNE BLVD #1100 CITY-ST-ZIP MIAMI-FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE DVP NAME BALAGUER, MELISSA STREET ADDRESS 2800 BISCAYNE BLVD., PENTHOUSE CITY-ST-ZIP MIAMI, FL 33137 | <input type="checkbox"/> Delete | TITLE DVP NAME BALAGUER, MELISSA STREET ADDRESS 4770 BISCAYNE BLVD #1100 CITY-ST-ZIP MIAMI-FL 33137 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 5-27-04 Daytime Phone #: 305 572156 | |