

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90361 007 \*\*\*158.75

<b>DOCUMENT # P03000034114</b> 1. Entity Name <b>SHARP EYE PRODUCTIONS, INC.</b>			
Principal Place of Business <b>9620 SW 103 PL MIAMI, FL 33176</b>		Mailing Address <b>9620 SW 103 PL MIAMI, FL 33176</b>	
2. Principal Place of Business <b>12689 N.W. 10<sup>th</sup> Way</b>		3. Mailing Address <b>12689 N.W. 10<sup>th</sup> Way</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33182</b>		Zip <b>33182</b>	
Country <b>US</b>		Country <b>U.S.</b>	
4. FEI Number <b>56-2340020</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MARTINEZ, SANTIAGO JR</b> <b>9620 SW 103 PL</b> <b>MIAMI, FL 33176</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>RICARDO BLASCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>12689 N.W. 10<sup>th</sup> Way</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33182</b>	
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 <small>Signature of registered agent or printed name of registered agent and title if applicable.</small>		DATE <b>4/17/06.</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MARTINEZ, SANTIAGO 9620 SW 103 PL MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President RICARDO BLASCO 12689 N.W. 10 <sup>th</sup> Way Miami, FL 33182	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Wilfredo Caballero 12689 N.W. 10 Way Miami, FL 33182	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		Date <b>4/17/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	