

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90164 039 ***150.00

DOCUMENT # P03000041856

1. Entity Name
STORY FILMS, INC.



Principal Place of Business
**12951 NW 1 ST STE 202
PEMBROKE PINES, FL 33028**

Mailing Address
**12951 NW 1 ST STE 202
PEMBROKE PINES, FL 33028**



01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1880102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARALT, ELIZABETH J
12951 NW 1 ST STE 202
PEMBROKE PINES, FL 33028**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JORGE-LARRAZABAL, EDGAR
STREET ADDRESS	12951 NW 1 ST STE 202
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	VD
NAME	BARALT, ELIZABETH
STREET ADDRESS	12951 NW 1 ST STE 202
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	TD
NAME	SCOTT, MARIA ETH E
STREET ADDRESS	12951 NW 1 ST STE 202
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
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 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: **Edgar Jorge-Larrazabal**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-06 954-5582473

Date Daytime Phone #