2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000058854

1. Entity Name
KISLEV PRODUCTION, INC.

Principal Place of Business	Mailing Address
4720 NW 97 CT DORAL POINTE MIAMI, FL 33178	4720 NW 97 CT DORAL POINTE MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

03122006 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0614860

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUITRAGO, MARISELA
4720 NW 97 CT
DORAL POINTE
MIAMI, FL 33178

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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, 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	D
NAME	BUITRAGO, MARISELA
STREET ADDRESS	4672 NW 114 AVE., #308
CITY ST ZIP	MIAMI, FL 33178
TITLE	D
NAME	COLMENARES, WILLIAM A
STREET ADDRESS	4672 NW 114 AVE., #308
CITY ST ZIP	MIAMI, FL 33178
TITLE	VP
NAME	ACERO, RAUL D
STREET ADDRESS	4672 NW 114 AVE., #308
CITY ST ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: [signature] Marisela Buitrago 03-15-06 786-413742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #