

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000064726

1. Entity Name  
MACRO VIDEO PRODUCTIONS, INC.



Principal Place of Business  
7614 SW 117TH AVE.  
MIAMI, FL 33175

Mailing Address  
10200 NW 25 STREET  
209  
MIAMI, FL 33172

**FILED**  
06 SEP 18 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3094938

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BARRIGA, HECTOR J  
10200 NW 25 STREET, SUITE 209  
MIAMI, FL 33172

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | D                             |
| NAME           | BARRIGA, HECTOR J             |
| STREET ADDRESS | 10200 NW 25 STREET, SUITE 209 |
| CITY-ST-ZIP    | MIAMI, FL 33172               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

000080026360  
09/21/06--01023--013 \*\*150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/06  
Date

Daytime Phone #

XC 9/20