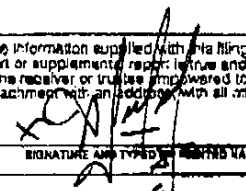


FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90146 036 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000067108			
1. Entity Name FERLEN PRODUCTIONS GROUP, CORP.			
Principal Place of Business 1680 MICHIGAN AVE. SUITE 700 MIAMI BEACH, FL 33139		Mailing Address 1680 MICHIGAN AVE. SUITE 700 MIAMI BEACH, FL 33139	
2. Principal Place of Business MIAMI BEACH, FL 33139		3. Mailing Address MIAMI BEACH, FL 33139	
Suite, Apt. # etc. 406		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33132	Country 3	Zip	Country
4. FE Number 61-1461628		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$9.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERLEN, ALEJANDRO 1680 MICHIGAN AVE. SUITE 700 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registered) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	FERLEN, ALEJANDRO	NAME	
STREET ADDRESS	1680 MICHIGAN AVE. SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	O	TITLE	☐ Change ☐ Addition
NAME	RUIZ TEZIS, GILBERTO	NAME	
STREET ADDRESS	1680 MICHIGAN AVE. SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	CONTRISCIANI, PABLO	NAME	
STREET ADDRESS	1680 MICHIGAN AVE. SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	VALDIVIA, BEATRIZ	NAME	
STREET ADDRESS	1680 MICHIGAN AVE. SUITE 700	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(3)(c), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR			