



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P03000089243 1. Entity Name CELESTIAL PRODUCTION AND KHATO STUDIOS, INC. |  |
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FILED
 04 JUN 10 AM 10:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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| Principal Place of Business 9051 SW 147 CT MIAMI, FL 33196 | Mailing Address 9051 SW 147 CT MIAMI, FL 33196 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
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04192004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0070939 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent GARCIA, CARMEN A 9051 SW 147 CT MIAMI, FL 33196 | 7. Name and Address of New Registered Agent Name <u>Rodriguez, Luz Stella</u> Street Address (P.O. Box Number is Not Acceptable) <u>9051 SW 147 CT</u> City <u>Miami</u> FL Zip Code <u>33196</u> |
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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: Chuy S. Rodriguez (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete RODRIGUEZ, LUZ STELLA 9051 SW 147 CT MIAMI, FL 33196 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Omar Rodriguez 9051 SW 147 CT Miami, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete CAMPDEPADRO, EDUARDO 9051 SW 147 CT MIAMI, FL 33196 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Chuy S. Rodriguez 4/20/04 (805)807-8308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #