

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90231 035 ***158.75

DOCUMENT # P03000091300 1. Entity Name FRANK SHADES FILMS, INC.					
Principal Place of Business 1530 SW 44TH AVENUE MIAMI, FL 33134			Mailing Address 1530 SW 44TH AVENUE MIAMI, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 21-0630991	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent QUETGLAS, FRANK 1530 SW 44TH AVENUE MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS QUETGLAS, FRANK 1530 SW 44TH AVENUE MIAMI, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRON, VICTOR POST OFFICE BOX 220631 WEST PALM BEACH, FL 33422	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JIMENEZ, JOSE 4621 SW 12 STREET MIAMI, FL 33134	☐ Delete			
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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: <i>Frank Quetglas</i> Frank Quetglas 4/19/04 305 441-2023 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

J4U01000



04192004 Chg-P CR2E034 (10/03)

4. FEI Number **21-0630991** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUETGLAS, FRANK
1530 SW 44TH AVENUE
MIAMI, FL 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

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**FILE NOW!!! FEE IS \$150.00
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Trust Fund Contribution. ☐ **\$5.00 May Be
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: *Frank Quetglas* **Frank Quetglas** 4/19/04 305 441-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #