

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000100971

1. Entity Name
FORT FILMS, INC.



Principal Place of Business

**1300 SW 122ND AVE APT 416
MIAMI, FL 33184**

Mailing Address

**1300 SW 122ND AVE APT 416
MIAMI, FL 33184**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0076347

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GARCIA, MARIBELLA
1300 SW 122 AVE APT 416
MIAMI, FL 33184**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARCIA, MARIBELLA
STREET ADDRESS	1300 SW 122ND AVE APT 416
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	DV
NAME	BARBY, MARILYN
STREET ADDRESS	1300 SW 122ND AVE APT 416
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	DS
NAME	BARBY, FRANCISCO J
STREET ADDRESS	1300 SW 122ND AVE APT 416
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000948362
06/02/08-80053-001 150.00

**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

Date

Daytime Phone #