## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000105362

Entity Name: FCK PRODUCTION, INC

FILED Jul 23, 2004 Secretary of State

10040 LOQUAT STREET MIRAMAR, FL 33025 FL

Current Mailing Address: New Mailing Address:

10040 LOQUAT STREET MIRAMAR, FL 33025 FL

FEI Number: 20-0284696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABRAHAM, MARIE F

19255 NE 2ND AVE, APT 2217

APT 2217

MIAMI, FL 33179 US

BELLABE, KETTYNA

10040 LOQUAT STREET

MIRAMAR, FL 33025 US

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.

SIGNATURE: KETTYNA BELLABE 07/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 BELLABE, ROSE MICHELLE K
 Name:

 Address:
 10040 LOQUAT STREET
 Address:

 City-St-Zip:
 MIRAMAR, FL 33025 US
 City-St-Zip:

Title: VΡ Title: () Delete (X) Change ( ) Addition Name: FORTUNE, CHARLYNN S Name: BELLABE. ROSE MICHELLE K 1440 NE 201 TERR 10040 LOQUAT STREET Address: Address: MIAMI, FL 33179 US MIRAMAR, FL 33025 US City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition ABRAHAM, MARIE F BELLABE, ROSE MICHELLE K Name: Name: 19255 NE 2ND AVE. APT 2217 10040 LOQUAT STREET Address: Address: City-St-Zip: MIAMI, FL 33025 US City-St-Zip: MIRAMAR, FL 33025 US

Title: ( ) Delete Title: (X) Change ( ) Addition ABRAHAM, MARIE F BELLABE, ROSE MICHELLE K Name: Name: Address: 19255 NE 2ND AVE, APT 2217 Address: 10040 LOQUAT STREET City-St-Zip: City-St-Zip: MIAMI, FL 33025 US MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE MICHELLE KETTYNA BELLABE P 07/23/2004