

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # P03000108689**

1. Entity Name

PAPAYA PRODUCTIONS, INC.



03-29-2004 90524 001 \*\*\*150.00

03-29-2004 90524 002 \*\*\*\*\*8.75

Principal Place of Business

4770 BISCAYNE BLVD., SUITE 1420  
MIAMI FL 33317

Mailing Address

4770 BISCAYNE BLVD., SUITE 1420  
MIAMI FL 33317

2. Principal Place of Business

2800 Blades Circle

Suite, Apt. #, etc.

Suite 145

City & State

Weston, FL

Zip

33327

Country

USA

3. Mailing Address

2800 Blades Circle

Suite, Apt. #, etc.

Suite 145

City & State

Weston, FL

Zip

33327

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

54-2130976

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOSSADA, NORAH M  
1447 LANTANA CT.  
WESTON FL 33326

7. Name and Address of New Registered Agent

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.

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LOSSADA, NORAH M  
STREET ADDRESS 1447 LANTANA CT.  
CITY-ST-ZIP WESTON FL 33326

TITLE D ☐ Delete  
NAME SCHEUREN, EDUARDO  
STREET ADDRESS 8346 A NW SOUTH RIVER DR.  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Norah M Lossada* Norah M Lossada 03/24/04 954-593962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #