
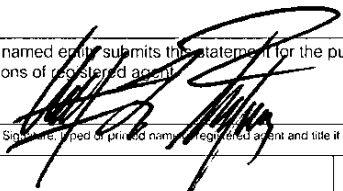
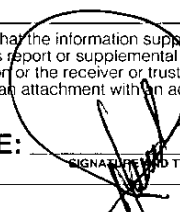


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000156445</b> 1. Entity Name <b>TORO PRODUCTIONS, INC.</b>						<b>FILED</b> <b>05 JUL 20 PM 4: 29</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business <b>7098 BONITA DR MIAMI BEACH, FL 33141</b>				Mailing Address <b>7098 BONITA DR MIAMI BEACH, FL 33141</b>				
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
4. FEI Number <b>55-0854977</b>				Applied For <input checked="" type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <b>XX</b>				<b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent  <b>TRULLENQUE, ANTHONY L 7098 BONITA DR MIAMI BEACH, FL 33141</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 				DATE <b>07/19/05</b>				
(NOTE: Registered Agent signature required when reinstating)				200058530212 08/12/05--01043--005 **908.75				
<b>FILE NOW!!! FEE IS \$900.00</b>								
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ORTIZ, BERTHA P</b> <b>7098 BONITA DR</b> <b>MIAMI BEACH, FL 33141</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MANTEROLA, BERTHA P.</b> <b>7098 BONITA DRIVE</b> <b>MIAMI BEACH, FLORIDA 33141</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>ORTIZ, JAVIER</b> <b>7098 BONITA DR</b> <b>MIAMI BEACH, FL 33141</b>			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			
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.								
<b>SIGNATURE:</b> 				<b>07/19/05 BERTHA PATRICIA MANTEROLA</b>				(305) 868-5365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				