

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 12, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P04000010166**



1. Entity Name

SI SENOR PRODUCTIONS CORP.

Principal Place of Business

5240 SW 158 AVENUE  
MIAMI, FL 33185

Mailing Address

5240 SW 158 AVENUE  
MIAMI, FL 33185



03022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0597008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARAUJO, DARWIN  
5240 SW 158 AVENUE  
MIAMI, FL 33185

**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

*Rosa Arajio*  
Signature, typed or printed name of registered agent and title if applicable

*VS*  
(NOTE: Registered Agent signature required when reinstating)

DATE

*3/02/07*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME ARAUJO, DARWIN  
STREET ADDRESS 5240 SW 158 AVENUE  
CITY-ST-ZIP MIAMI, FL 33185

TITLE VS  
NAME ARAUJO, ROSA  
STREET ADDRESS 5240 SW 158 AVENUE  
CITY-ST-ZIP MIAMI, FL 33185

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000662046  
03/20/07-80067-015 150.00

**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:

*Rosa Arajio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VS*

*3/02/07*

Date

Daytime Phone #

*(305) 265-0038*