

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000021311 1. Entity Name JALEO TV PRODUCTION CORP.				FILED 05 MAY -2 AM 10:04 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 515 SW 12TH AVE. STE. 523 A MIAMI, FL 33130		Mailing Address 515 SW 12TH AVE. STE. 523 A MIAMI, FL 33130			
2. Principal Place of Business 2717 West 30th Suite, Apt. #, etc.		3. Mailing Address 2717 West 30th Suite, Apt. #, etc.			
City & State Hialeah, Florida		City & State Hialeah, Florida		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33010 Country USA		Zip 33010 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIALLO, ELIZABETH 14732 SW 132ND PL MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2717 West 30th City Hialeah FL Zip Code 33010		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIALLO, ELIZABETH 14732 SW 132ND PL MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2717 West 30th Hialeah, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELOZ, FABIAN R 991 NW 106TH AVE CIRCLE MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maria L. Rothschild 2717 West 30th Hialeah, FL 33010	
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 400054671764 05/17/05--01028--014 **\$600.00	
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, without other like empowered.					
SIGNATURE:			Date 04-29-05 Daytime Phone #		