2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P04000021739** 06 JUN 23 PH 1: 48 RED ROOSTER PRODUCTIONS, INC. SECRETA " TALLAPA DE Mailing Address 7320 SW \$2 AVA MIANU, FL 38143 7320 SW/72 AND 2. Principal Place of Busines: Mailing Address 14540 SW 151 TERRA 5AME Suite, Apt. #, etc. Suite, Apt. #, etc. 05052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For MIONI 41-2124616 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **DRUZ, TÀTIÀNA** 7320 SW X2 AVE MIAMI, FL 33143 Street Address (P.O. Box Number is Not Acceptable) 14540 SW 151 TERRA FL | 多罗986 8. The above named entity submits the 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. registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Deleta TITLE VP.5 ☐ Change NAME CRUZ, TATIANA NAME DENIS 7320 SW 72 AVE STREET ADDRESS STREET ADORESS 14540 5W CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP mr Delete Change TITLE Addition NAME CRUZ, STEPHANIE C NAME 200077166972 7320 SW 72 AVE STREET ADDRESS STREET ADDRESS 07/10/06--01003--014 **158.75 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the leceiver or trustes 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: INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone