


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90032 032 \*\*\*163.75

<b>DOCUMENT # P04000023669</b>	
1. Entity Name <b>ZANTAFE FILMS, INC.</b>	

Principal Place of Business <b>2514 N 26TH TERR HOLLYWOOD, FL 33020</b>	Mailing Address <b>2514 N 26TH TERR HOLLYWOOD, FL 33020</b>
--	--

2. Principal Place of Business <b>2366 NE 187<sup>TH</sup> STREET</b>	3. Mailing Address <b>2366 NE 187<sup>TH</sup> STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FLORIDA</b>	City & State <b>MIAMI FLORIDA</b>
Zip <b>33180</b>	Zip <b>33180</b>
Country <b>USA</b>	Country <b>USA</b>



05122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>800092785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>TORRES, JOSE 2514 N 26TH TERR HOLLYWOOD, FL 33020</b>	7. Name and Address of New Registered Agent Name <b>JOSE TORRES</b> Street Address (P.O. Box Number is Not Acceptable) <b>2366 NE 187<sup>TH</sup> STREET</b> City <b>MIAMI</b> FL <b>33180</b>
---	---

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 *JOSE TORRES* **PRESIDENT** DATE **05-16-05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TORRES, JOSE 2514 N 26TH TERR HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TORRES, JOSE 2366 NE 187 <sup>TH</sup> STREET MIAMI FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARTUNDUAGA, ANDRES A 2514 N 26TH TERR HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARTUNDUAGA, ANDRES A 2366 NE 187 <sup>TH</sup> STREET MIAMI FL 33180 <input checked="" 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	BOARD OF DIRECTOR CH. PERALTA, BREAND D 17691 NE-19 <sup>TH</sup> AVE N MIAMI BEACH, FL 33162 <input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *JOSE TORRES* **05-16-05 305-466-4916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #