## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## DOCUMENT # P04000028586

1. Entity Name

RENACER PRODUCTIONS, INC.

**FILED** Jun 04, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

10775 NW 50 ST 104 MIAMI, FL 33178

Mailing Address

10775 NW 50 ST 104 #207

MIAMI, FL 33178



05162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0727293

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELOZUA, JOSE J 8881 FONTAINBLEAU BLVD #B-304 MIAMI, FL 33172

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	named entity submits this statement for the tions of registered agent.	e purpose of changing its registe	red office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature	required when reinstating}	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	9. Election Campaign Fina Trust Fund Contribution		\$5.00 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			<u> </u>		
UTLE	P				
NAME	DIAZ, WILSON ANDRES				
CIDEET ADDRESS	10775 NIM 50 ST 104				A Company of the second

CITY-ST-ZIP MIAMI, FL 33178 TITLE GONZALEZ, ERIKA NAME 10775 NW 50 ST 104 STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP NAME

U000000765847 06/04/07-80007-011 158.75

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

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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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Withon Dig SIGNATURE AND PIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-7