



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90020 035 ***150.00

DOCUMENT # P04000030475					
1. Entity Name TRIBAL PRODUCTIONS, INC.					
Principal Place of Business 11 ANTELLA AVE APT C CORAL GABLES, FL 33134			Mailing Address 11 ANTELLA AVE APT C CORAL GABLES, FL 33134		
2. Principal Place of Business 651 NE 60 STREET Suite, Apt. #, etc. #14 City & State MIAMI FL Zip 33137		3. Mailing Address 651 NE 60 STREET Suite, Apt. #, etc. #14 City & State MIAMI FL Zip 33137			
02082006 Chg-P CR2E034 (11/05)		4. FEI Number 20-0821484		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MARTINEZ, JAIME E 11 ANTELLA AVE APT C CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 651 NE 60 STREET APT #14 City MIAMI FL Zip Code 33137		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 _____ DATE 7/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPST MARTINEZ, JAIME E 11 ANTELLA AVE APT C CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	651 NE 60 STREET APT #14 MIAMI, FL. 33137	
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	
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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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT JAIME E MARTINEZ 7/8/06 (305) 968-0031 <small>Date Daytime Phone #</small>		