




2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/11/2005-90117-002-\$150.00-\$150.00

DOCUMENT # P04000032158			
1. Entity Name POLITZER PRODUCTIONS CORP.			
Principal Place of Business 2350 NW 96 AVE MIAMI, FL 33172		Mailing Address 2350 NW 96 AVE MIAMI, FL 33172	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FENTE, MANUEL F 1110 BRICKELL AVE-7TH FL MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Alfredo Schwarz Street Address (P.O. Box Number is Not Acceptable) 2350 NW 96 AVE City Miami FL Zip Code 33172	
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:  AGENT DATE: 6/30/05 <small>Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when changing agent.)</small>			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, ALFREDO 2350 NW 96 AVE MIAMI, FL 33172 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, JUDITH 2350 NW 98 AVE MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pd. SCHWARTZ, ALFREDO 2350 NW 96 AVE MIAMI, FL 33172 <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	VSD SCHWARTZ, ILSE 2350 NW 96 AVE MIAMI, FL 33172 <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	<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:  President DATE: 6/30/05 (305) 717-3499 <small>Signature and typed or printed name of signing officer or director. Date Daytime Phone #</small>			

FILED
05 AUG 15 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0764941** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required