

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90559 010 ***150.00

DOCUMENT # P04000037259	
1. Entity Name	
DELUCA PRODUCTIONS, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11224 NW 65TH COURT		3. Mailing Address 11224 NW 65TH COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARKLAND, FL		City & State PARKLAND, FL	
Zip 33076	Country USA	Zip 33076	Country USA

20036041

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1621145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name JOANNE R. SHULTZ	
Street Address (P.O. Box Number is Not Acceptable) 11224 NW 65TH COURT	
City PARKLAND	FL Zip Code 33076

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANNE R. SHULTZ 11224 NW 65TH COURT PARKLAND, FL. 33067	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOANNE R. SHULTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-345-0363

Daytime Phone #