


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 022 ***150.00

DOCUMENT # P04000055317

1. Entity Name
PRANES PRODUCTIONS, CORP.



40123311

Principal Place of Business
910 WEST AVE #518
MIAMI BEACH, FL 33139

Mailing Address
910 WEST AVE #518
MIAMI BEACH, FL 33139



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
80-0102875

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CISNEROS, RAFAEL A
910 WEST AVE #518
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent; and title if applicable (NOTE: If registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by-September 14, 2007

9. Election Campaign Financing 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CISNEROS, RAFAEL A	
STREET ADDRESS	7970 NW 12TH ST SUITE 2	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE: **5/18/07** DAYTIME PHONE #: **786 4265246**

40123311



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Business Entity Name PRANES PRODUCTIONS, CORP.

After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number 800102875

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 7970 NW 10 ST
 Suite, Apt. #, etc. # 2
 City, State MIAMI, FL
 Zip Code & Country 33126

Mailing Address

Address 7970 NW 10 ST
 Suite, Apt. #, etc. # 2
 City, State MIAMI, FL
 Zip Code & Country 33126

Name And Address of Registered Agent

Name (Last, First, Middle, Title) CISNEROS, RAFAEL, A

- OR -

Business to serve as RA

Address 7970 NW 10 ST
 Suite, Apt. #, etc. # 2
 City, State MIAMI, FL
 Zip Code & Country 33126 US

ATTACHMENT

~~#004000055317~~

40123311

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title: P
Name (Last, First, Middle, Title): CISNEROS, RAFAEL, A

- OR -

Entity Name to serve as Officer/Director

Street Address: 7970 NW 10TH ST # 2
City, State: MIAMI, FL
Zip Code & Country: 33126

Name And Address #2

Title: _____
Name (Last, First, Middle, Title): _____

- OR -

Entity Name to serve as Officer/Director

Street Address: _____
City, State: _____, _____
Zip Code & Country: _____

Name And Address #3

Title: _____
Name (Last, First, Middle, Title): _____

- OR -

Entity Name to serve as Officer/Director

Street Address: _____
City, State: _____, _____
Zip Code & Country: _____

ATTACHMENT 40123311

#P04000051317

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address


City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

P


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.