


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90047 038 ***150.00

DOCUMENT # P04000055317

1. Entity Name
PRANES PRODUCTIONS, CORP.



40067937

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 #
7970 NW 10th st

3. Mailing Address
7970 NW 10th st

Suite, Apt. #, etc.
#2

Suite, Apt. #, etc.
#2

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33126

Country
USA

Zip
33126

Country
USA

04082008 Chg-P CR2E034 (12/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 | P CISNEROS, RAFAEL A 7970 NW 12TH ST SUITE 2 MIAMI, FL 33126 | 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 |
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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:  **4/08/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #