
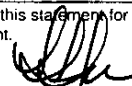
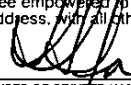


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 040 ***150.00

DOCUMENT # P04000110443 1. Entity Name BABY ABUELITA PRODUCTIONS, INC.																											
Principal Place of Business 6800 SW 115 STREET MIAMI, FL 33156		Mailing Address 6800 SW 115 STREET MIAMI, FL 33156																									
2. Principal Place of Business 6619 S. Dixie Hwy Suite, Apt. #, etc. 139		3. Mailing Address 6619 S. Dixie Hwy Suite, Apt. #, etc. 139																									
City & State MIAMI Florida		City & State MIAMI Florida																									
Zip 33143	Country USA	Zip 33143	Country USA																								
4. FEI Number 43-2058011		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 SANTAMARIA, LAURA 8750 DORAL BLVD #270 MIAMI, FL 33178		7. Name and Address of New Registered Agent Name LAURA SANTAMARIA Street Address (P.O. Box Number is Not Acceptable) 6619 S. Dixie Hwy #139 City MIAMI FL Zip Code 33143																									
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) Signature, typed or printed name of registered agent and title if applicable.																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP JIMENEZ, HILDA 8726 GW 160 TERRACE MIAMI, FL 33167 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> DT FENSTER, CAROL 7800 RED ROAD #201 MIAMI, FL 33143 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> DS SANTAMARIA, LAURA 6800 GW 115 STREET MIAMI, FL 33156 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JIMENEZ, HILDA 8726 GW 160 TERRACE MIAMI, FL 33167	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FENSTER, CAROL 7800 RED ROAD #201 MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANTAMARIA, LAURA 6800 GW 115 STREET MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> same 6619 S. Dixie Hwy #139 MIAMI, FL 33143 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> same 6619 S. Dixie Hwy #139 MIAMI, FL 33143 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> same 6619 S. Dixie Hwy #139 MIAMI, FL 33143 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	same 6619 S. Dixie Hwy #139 MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same 6619 S. Dixie Hwy #139 MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same 6619 S. Dixie Hwy #139 MIAMI, FL 33143	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"/> Change <input type="checkbox"/> Addition	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:  Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LAURA SANTAMARIA																											

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