

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112665

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: C.D.B. PRODUCTIONS GROUP INC.

## Current Principal Place of Business:

7855 NW 29 STREET SUITE 158  
MIAMI, FL 33122

## New Principal Place of Business:

6392 NW 84 AVE  
DORAL, FL 33166

## Current Mailing Address:

7855 NW 29 STREET SUITE 158  
MIAMI, FL 33122

## New Mailing Address:

6392 NW 84 AVE  
DORAL, FL 33166

FEI Number: 55-0878443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELASQUEZ, SILVIA R  
7855 NW 29 STREET SUITE 158  
MIAMI, FL 33122 US

## Name and Address of New Registered Agent:

VELASQUEZ, SILVIA R  
6392 NW 84 AVE  
DORAL, FL 33166 US

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.

SIGNATURE: SILVIA VELASQUEZ

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VELASQUEZ, SILVIA R  
Address: 7855 NW 29 STREET SUITE 158  
City-St-Zip: MIAMI, FL 33122

Title: VP ( ) Delete  
Name: VELASQUEZ, JORGE H  
Address: 7855 NW 29 STREET SUITE 158  
City-St-Zip: MIAMI, FL 33122

Title: S ( ) Delete  
Name: VELASQUEZ, GLORIA  
Address: 7855 NW 29 STREET SUITE 158  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VELASQUEZ, SILVIA R  
Address: 6392 NW 84 AVE  
City-St-Zip: DORAL, FL 33166

Title: VP (X) Change ( ) Addition  
Name: VELASQUEZ, JORGE H  
Address: 6392 NW 84 AVE  
City-St-Zip: DORAL, FL 33166

Title: S (X) Change ( ) Addition  
Name: VELASQUEZ, GLORIA  
Address: 6392 NW 84 AVE  
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA VELASQUEZ

P

03/28/2005

Electronic Signature of Signing Officer or Director

Date