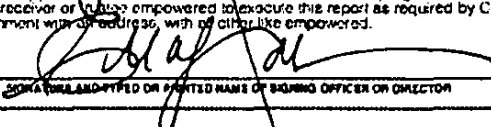


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 21, 2005 8:00 am
Secretary of State

05-04-2005 90162 029 ***150.00

DOCUMENT # P04000145710					
1. Entity Name CORAL ROCK PRODUCTIONS, INC.					
Principal Place of Business 133 ARAGON AVENUE CORAL GABLES, FL 33134			Mailing Address 133 ARAGON AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20 2023 728	
5. Certificate of Status Declared ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent M McNALLY, JAMES J 2655 LE JEUNE ROAD SUITE 804 CORAL GABLES, FL 33134				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 _____ Signature typed or printed name of registered agent and the 1 applicable. (NOTE: Registered Agent signature required when rendering)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 (11/11)		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FALCON, ERROL 133 ARAGON AVE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FALCON, MARTHA 133 ARAGON AVE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALCON, ERROL 133 ARAGON AVE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FALCON, MARTHA 133 ARAGON AVE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a duly 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 or other like empowered.					
SIGNATURE: 			05/01/05		
STATE SEAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		