
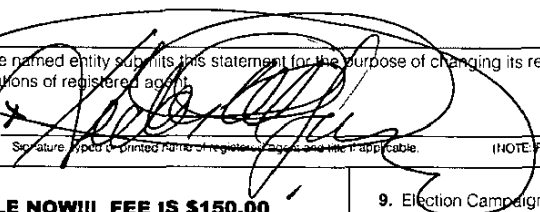
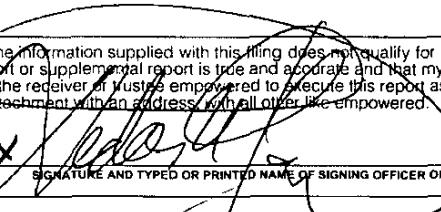


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90037 010 \*\*\*150.00

<b>DOCUMENT # P04000159388</b> 1. Entity Name <b>PARTY PROFESSIONALS &amp; ENTERTAINMENT INC.</b>																													
Principal Place of Business <b>16500 NW 39 COURT</b> <b>MIAMI, FL 33054</b>			Mailing Address <b>16500 NW 39 COURT</b> <b>MIAMI, FL 33054</b>																										
2. Principal Place of Business <b>24 ALLEN ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>24 ALLEN ROAD</b> Suite, Apt. #, etc.																											
City & State <b>HOLLYWOOD FL</b>		City & State <b>HOLLYWOOD FL</b>		4. FEI Number <b>59-3789098</b>																									
Zip <b>33023</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>JORGE, HECTOR M</b> <b>16500 NW 39 COURT</b> <b>MIAMI, FL 33054</b>			7. Name and Address of New Registered Agent Name <b>HECTOR M JORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>24 ALLEN ROAD</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33023</b>																										
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 <b>3/10/06</b> <small>Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JORGE, HECTOR M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16500 NW 39 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33054</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	JORGE, HECTOR M		STREET ADDRESS	16500 NW 39 COURT		CITY-ST-ZIP	MIAMI, FL 33054		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HECTOR M JORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24 ALLEN ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD FL 33023</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	HECTOR M JORGE		STREET ADDRESS	24 ALLEN ROAD		CITY-ST-ZIP	HOLLYWOOD FL 33023	
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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: 				03-10-06 (305) 331-9423																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																									