


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90044 001 ***150.00
01-18-2006 90044 002 *****8.75

DOCUMENT # P05000013650	
1. Entity Name 3GZ PRODUCTIONS, INC.	

Principal Place of Business 1611 NE 105TH ST MIAMI, FL 33138 US		Mailing Address 1611 NE 105TH ST MIAMI, FL 33138 US	
UPDOWN LOFTS 2275 BISCAYNE BLVD. Suite, Apt. #, etc. 701		UPDOWN LOFTS 2275 BISCAYNE BLVD. Suite, Apt. #, etc. 701	
City & State MIAMI, FL	City & State MIAMI, FL	Zip 33137	Country USA

66000142



6. Name and Address of Current Registered Agent SEIDEN, FRANCEASCA 1611 NE 105TH ST MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Franceasca Seiden (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDEN, FRANCEASCA 1611 NE 105TH ST MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEIDEN, FRANCEASCA 1611 NE 105TH ST MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IRIS CEGARRA 5900 COLLINS AVE #907 MIAMI, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
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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 of this report.

Franceasca Seiden