

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 Mailing Address
 1611 NE 105TH ST 1611 NE 105TH ST
 MIAMI, FL 33138 US MIAMI, FL 33138 US

UPDOWN LOFTS *UPDOWN LOFTS*
 2. Principal Place of Business 3. Mailing Address
2275 BISCAYNE BLVD. *2275 BISCAYNE BLVD.*

Suite, Apt. #, etc. Suite, Apt. #, etc.
701 *701*

City & State City & State
Miami, FL *Miami, FL*

Zip Country Zip Country
33137 *USA* *33137* *USA*

66000142

01122006 Chg-P CR2E034 (11/05)

4. FEI Number *47-0957829* Applied For (Not Applicab)

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 _____

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*
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SEIDEN, FRANCEASCA	1611 NE 105TH ST	MIAMI, FL 33138	<input type="checkbox"/>
VP	SEIDEN, FRANCEASCA	1611 NE 105TH ST	MIAMI, FL 33138	<input type="checkbox"/>
S	SEIDEN, FRANCEASCA	1611 NE 105TH ST	MIAMI, FL 33138	<input type="checkbox"/>
T	SEIDEN, FRANCEASCA	1611 NE 105TH ST	MIAMI, FL 33138	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
VP	IRIS CEZARRA	5900 COLLINS AVE #907	MIAMI, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	IRIS CEZARRA	5900 COLLINS AVE #907	MIAMI, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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