

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90039 015 ***150.00

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1. Entity Name
BUGAMBILIA PRODUCTIONS INC

Principal Place of Business
**4011 RIVERVIEW AVE #19
204
TAMPA, FL 33607 US**

Mailing Address
**4011 RIVERVIEW AVE #19
204
TAMPA, FL 33607 US**

20018212



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006

Chg-P

CR2E034 (11/05)

4. FEI Number

26-7325399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMIREZ BRAVO, VICTOR
4011 RIVERVIEW AVE #19
204
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Victor Ramirez

Street Address (P.O. Box Number is Not Acceptable)

4011 Riverview Ave #19 204

Tampa, FL

FL

Zip Code
33607

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 **Victor Ramirez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/06

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 **P** ☐ Delete
NAME **RAMIREZ BRAVO, VICTOR**
STREET ADDRESS **4011 RIVERVIEW AVE #19 APT 204**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **D** ☐ Delete
NAME **RAMIREZ BRAVO, VICTOR**
STREET ADDRESS **4011 RIVERVIEW AVE #19 APT 204**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Victor Ramirez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

Date

Daytime Phone #