


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000049431 1. Entity Name SAINT PRODUCTIONS INC.	
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Principal Place of Business 1425 NW 122 STREET MIAMI, FL 33167	Mailing Address 1425 NW 122 STREET MIAMI, FL 33167
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2060204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ST. PREUX, EVENS
1425 NW 122 STREET
MIAMI, FL 33167**

**DO NOT WRITE
IN THIS SPACE**

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 *Evans St. Preux* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000494313 05/05/08-00035-021 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST. PREUX, EVENS 1425 NW 122 STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST. PREUX, RUDY 1422 NW 122 STREET MIAMI, FL 33167
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Evans St. Preux* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____