

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093084

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** BLACK RIVER PRODUCTIONS CORP.

**Current Principal Place of Business:**

180 NE 39TH STREET  
SUITE 212  
MIAMI DESIGN DISTRICT, FL 33137

**New Principal Place of Business:**

260 CRANDON BLVD  
53  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

180 NE 39TH STREET  
SUITE 212  
MIAMI DESIGN DISTRICT, FL 33137

**New Mailing Address:**

260 CRANDON BLVD  
53  
KEY BISCAYNE, FL 33149 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JARAMILLO, CATALINA U  
180 NE 39TH STREET  
SUITE 212  
MIAMI DESIGN DISTRICT, FL 33137 US

**Name and Address of New Registered Agent:**

ARISTIZABAL, JOSE L  
260 CRANDON BLVD  
53  
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: JOSE L. ARISTIZABAL

04/30/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:                      DPS                      ( ) Delete  
Name:                      JARAMILLO, CATALINA U  
Address:                      180 NE 39TH STREET  
City-St-Zip:                      MIAMI DESIGN DISTRICT, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      MNGR                      (X) Change ( ) Addition  
Name:                      ARISTIZABAL, JOSE L MNGR  
Address:                      260 CRANDON BLVD, # 53  
City-St-Zip:                      KEY BISCAYNE, FL 33149 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L. ARISTIZABAL

ADMN

04/30/2006

Electronic Signature of Signing Officer or Director

Date