

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 049 ***150.00

DOCUMENT # P05000119520 1. Entity Name V AND B PRODUCTIONS, INC.			
Principal Place of Business 10168 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US		Mailing Address 10168 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business 3106 SHERWOOD Forest Blvd Suite, Apt. #, etc. 19 City & State West Palm Beach Zip 33415 Country Palm Beach		3. Mailing Address 2106 SHERWOOD FOREST BLVD Suite, Apt. #, etc. 19 City & State WEST PALM BEACH Zip 33415 Country Palm Beach	
4. FEI Number 14-1936470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, MARGARET M 10168 W. SAMPLE RD. CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name JOSHUA OLAVE Street Address (P.O. Box Number is Not Acceptable) 2106 SHERWOOD FOREST BLVD #19 City West Palm Beach FL Zip Code 33415	
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 <u>Joshua Olave</u> - JOSHUA OLAVE - 4-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ALVARADO, DAVID J STREET ADDRESS 1211 NE 33RD ST CITY-ST-ZIP POMPAHO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE CEO NAME ALVARADO, DAVID STREET ADDRESS 2106 SHERWOOD FOREST BLVD. #19 CITY-ST-ZIP WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP - CEO NAME OLAVE, JOSHUA STREET ADDRESS 287 BRAZILIAN CIRCLE CITY-ST-ZIP PT. ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME OLAVE, JOSHUA STREET ADDRESS 2106 SHERWOOD FOREST BLVD #19 CITY-ST-ZIP WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRES NAME THOMAS, MARGARET M STREET ADDRESS 9639 WYBOND FL CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC NAME KRIES, SHEILA L STREET ADDRESS 8320 NW 52ND PL CITY-ST-ZIP CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joshua Olave</u> JOSHUA OLAVE - 4-24-06 - 954-708-0889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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