

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121033

Entity Name: ETHOS PRODUCTION CORP

FILED
Feb 12, 2007
Secretary of State

Current Principal Place of Business:

1610 SALZEDO STREET
UNIT 11
CORAL GABLES, FL 33134

Current Mailing Address:

1610 SALZEDO STREET
UNIT 11
CORAL GABLES, FL 33134

New Principal Place of Business:

1840 SOUTH TREASURE DRIVE
UNIT 11
NORTH BAY VIALAGE, FL 33141

New Mailing Address:

1840 SOUTH TREASURE DRIVE
UNIT 11
NORTH BAY VIALAGE, FL 33141

FEI Number: 20-3412316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALCANTE, ANTONIO E
1610 SALZEDO STREET
UNIT 11
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

CAVALCANTE, ANTONIO E
1840 SOUTH TREASURE DRIVE
UNIT 11
NORTH BAY VILLAGE, FL 33141 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:

02/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAVALCANTE, ANTONIO E
Address: 1610 SALZEDO STREET #11
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAVALCANTE, ANTONIO E
Address: 1840 SOUTH TREASURE DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: SD () Change (X) Addition
Name: CAVALCANTE, ANTONIO E
Address: 1840 SOUTH TREASURE DRIVE
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: ANTONIO CAVALCANTE

PD

02/12/2007

Electronic Signature of Signing Officer or Director

Date