

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167377

FILED
May 01, 2007
Secretary of State

Entity Name: TE EXALTAMOS PRODUCCIONES, INC.

Current Principal Place of Business:

1455 NE 181ST STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

18011 BISCAYNE BLVD
APT # 1005
AVENTURA, FL 33160

Current Mailing Address:

1455 NE 181ST STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

18011 BISCAYNE BLVD
AVENTURA, FL 33160

FEI Number: 20-4015234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, MIGUEL A
1455 NE 181ST STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

DIAZ, MIGUEL A
18011 BISCAYNE BLVD
APT #1005
AVENTURA, FL 33160 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: MIGUEL DIAZ

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ, MIGUEL A
Address: 1455 NE 181ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD () Delete
Name: DIAZ, JUAN C
Address: 1455 NE 181ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD () Delete
Name: DIAZ, ADA S
Address: 1455 NE 181ST STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, MIGUEL A
Address: 18011 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DIAZ, ADA S
Address: 18011 BISCAYNE BLVD APT # 1005
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: MIGUEL A DIAZ

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date