## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000167377

DIAZ, MIGUEL A

AVENTURA, FL 33160

18011 BISCAYNE BLVD. APT 1005

Name:

Address:

City-St-Zip:

Entity Name: TE EXALTAMOS PRODUCCIONES, INC.

FILED Feb 12, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
18011 BIS APT # 100	CAYNE BLVD 5				
AVENTUR	A, FL 33160				
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
18011 BISCAYNE BLVD AVENTURA, FL 33160			18011 BISCAYNE BLVD APT # 1005 AVENTURA, FL 33160	APT # 1005	
FEI Number:	20-4015234	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
APT #1005	CAYNE BLVD	Js			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered c	ffice or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DIAZ, JUAN C 1455 NE 181ST	Delete STREET BEACH, FL 33162	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DIAZ, ADA S	Delete NE BLVD APT # 1005 33160	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	P () DIAZ, CARLOS 2280 NE 122 S' NORTH MIAMI,	Г	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title:	VP ()	Delete	Title: ( )	) Change()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS ERNESTO DIAZ P 02/12/2008