## 2007 FOR PROFIT CORPORATION

4/30/2007-90446-018-\$155.00-\$155.00

| ANNUAL REPURI   |                   |                                     |  |                |  |                                  |   |   |                     |  |
|---|-------------------|-------------------------------------|--|----------------|--|----------------------------------|---|---|---------------------|--|
| DOCUMENT # P06000084277  1. Entity Name   |                   |                                     |  |                |  | <b>a</b>                         | 07 HAY 31 PH 1: 17                      |   |                     |  |
| PAQUITA PRODUCTIONS INC.  |                   |                                     |  |                |  |                                  |   |   |                     |  |
| Principal Plac  | e of Rusines      | •                                   | Mailing Address                        | ·              | 7  |                                  | 3                                       | ACION                                       |                     |  |
| 1225 HANCO<br>CAPE CORAL  | OCK BRIDGE        | PARKWAY                             | P.O BOX 151573<br>CAPE CORAL, FL 33915 |                |  | TALE ARMS SEE FLORIDA            |   |   |                     |  |
|   |                   |                                     |  |                |  |                                  |   | 7 6 5 1 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | /117 (11761) F 1981 |  |
|   |                   | ness - No P.O. Box #                | 3. Mailing Address                     |                |  |                                  | 1919 1914 1914 1914 1914 1919 1919 1919 |   |                     |  |
| Suite, Apl.   |                   | <del> </del>                        | Suite, Apt. It, atc.                   |                |  | 03282007                         | Chg-P                                   | CR2E034 (12                                 |                     |  |
| City & State  |                   |                                     | City & State                           |                |  | 4. FEI Numb                      | er                                      |   | Not Applicab        |  |
| 2ip   |                   |                                     | Zip Coun                               |                | niry   | 5. Certificate of Status Desired |   | \$8.75 Additional Fee Required              |                     |  |
|   | 6. Name           | and Address of Current              | Registered Agent                       |                | Name   | 7. Name and                      | Address of New R                        | ogistered Ayent                             |                     |  |
| VENTURA, GRECIA 1225 HANCOCK BRIDGE PARKWAY   |                   |                                     |  |                | Street Address (P.O. Box Number is Not Acceptable) |                                  |   |   |                     |  |
| CAPE CORAL FL, FL 33990   |                   |                                     |  |                |  |                                  |   |   |                     |  |
|   |                   |                                     |  |                | City   |                                  |   | FL Zi                                       | p Code              |  |
| - 8. The above named entity submits this statement for the purpose of changing/its registered office  |                   |                                     |  |                |  | tered agent, or be               | Bu, in the State of Fic                 | orida. I am familia                         | r with, and accep   |  |
| the obligations for registered adont.   |                   |                                     |  |                |  |                                  |   |   |                     |  |
| SIGNATURE   | <b>∑hu</b>        | ia lentura                          | Dalio MO                               | hisa           | Cas  | rasgull                          | 3                                       | 31-07                                       | <del></del>         |  |
|   | Signatifie, typed | or printed name of registered agent | and trib if applicable (N              | JTE: Registère | ec Agent algnatura requi                           | red wheryfelinstating)           |   | DATE  | <del></del>         |  |
| FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be  |                   |                                     |  |                |  |                                  |   |   |                     |  |
|   |                   | 7 Fee will be \$550.                | OO Trust Fund Co                       | ntibution.     | □ A  | dod to Fees                      |   |   |                     |  |
| 10.   |                   | OFFICERS AND                        | DIRECTORS                              | 11.            |  | ADDITIONS                        | CHANGES TO OFF                          | ICERS AND DIREC                             | CTORS IN 11         |  |
| DILE  | P                 | 4 005014                            | ☐ Delete                               | fm             |  |                                  |   | ☐ cr  | nange 🔲 Additio     |  |
| NAME<br>STREET ADDRESS  | P.O BOX           | A, GRECIA<br>151573                 |  | NAM<br>STRE    | EET ADDRESS  |                                  |   |   |                     |  |
| CITY-ST-ZIP   |                   | ORAL, FL 33915                      |  |                | r-ST-21P   |                                  |   |   |                     |  |
| TITLE   | VP                |                                     | ☐ Delete                               | TITL           | £  |                                  |   | _ c   | nange Additio       |  |
| NAME<br>STREET ADDRESS  | P.O BOX           | QUILLO, MARISOL                     |  | MAM            | EET ADDRESS  |                                  |   |   |                     |  |
| CITY-SI-ZIP   |                   | RAL, FL 33915                       |  |                | r-ST-ZIP   |                                  |   |   |                     |  |
| TITLE   |                   | ·                                   | ☐ Delete                               | TIFL           | £  | <del></del>                      |   | a   | range Additio       |  |
| NAME<br>STREET ADORESS  |                   |                                     |  | NAM.           | /E<br>EET ADDRESS                                  |                                  |   |   |                     |  |
| CITY-ST-ZIP   |                   |                                     |  |                | -ST-ZIP  |                                  |   |   |                     |  |
| DILE  |                   |                                     | ☐ Detete                               | TITL           | E  |                                  |   |   | ange                |  |
| NAME  | ł                 |                                     |  | NAM            |  |                                  | Maria                                   |   |                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                   |                                     |  |                | EET ADOPESS<br>/- ST-ZIP                           |                                  | COBUM                                   |   |                     |  |
| TITLE   |                   |                                     | ☐ Delete                               | nti            |  |                                  |   |   | lange               |  |
| HANE  |                   |                                     |  | NAM            |  |                                  |   |   | ange   Noorto       |  |
| STREET ADDRESS  | İ                 |                                     |  |                | EET ADORESS  |                                  |   |   |                     |  |
| CITY-SI-ZIP   | 1                 |                                     |  |                | r-ST-ZIP   |                                  |   |   |                     |  |
| TITLE<br>NAME   | ļ                 |                                     | L.i Delete                             | TITU           |  |                                  |   | □ Ca  | Ringe 🔛 Additio     |  |
| STREET ADDRESS  |                   |                                     |  | STRE           | EET AODRESS  |                                  |   |   |                     |  |
| CITY-ST-ZIP   | 1                 |                                     |  |                | -ST-7IP  |                                  |   |   |                     |  |
| 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 each that it an officer or director of the corporation or the receiver or quaste empowing to execute this report as popular by Chaptey-697. Florida Staglines; and that my range appears in Block 10 or Block 11 if |                   |                                     |  |                |  |                                  |   |   |                     |  |
| changed, or on an attachment with all address, with all other like empowered.   |                   |                                     |  |                |  |                                  |   |   |                     |  |
| SIGNATURE Mendelmente and Maris ang 3/30/07 339.200-839   |                   |                                     |  |                |  |                                  |   |   |                     |  |