

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 044 ***150.00

DOCUMENT # P06000089475

1. Entity Name

MOD ENTERTAINMENT CORP.



Principal Place of Business

10740 W. FLAGLER ST.
SUITE 4 & 5
SWEETWATER FL 33174

Mailing Address

10740 W. FLAGLER ST.
SUITE 4 & 5
SWEETWATER FL 33174



2. Principal Place of Business - No P.O. Box #

10740 W Flagler St

Suite, Apt. #, etc.

Suite 4 and 5

City & State

Sweetwater, FL 33174

Zip

33174

Country

USA

3. Mailing Address

10740 W Flagler St

Suite, Apt. #, etc.

Suite 4 and 5

City & State

Sweetwater, FL

Zip

33174

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-5169335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELANDIA, MARIA
9448 NW 13TH STREET SUITE 63
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PTSD
VELANDIA, MARIA
9448 NW 13TH STREET SUITE 63
MIAMI FL 33172

☐ Delete

TITLE
NAME
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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/07

Date

(786) 2101882

Daytime Phone #