

2008 FOR PROFIT CORPORATION ANNUAL REPORT


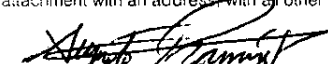
FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90058 001 ***150.00
02-14-2008 90058 002 *****8.75

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01122008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000141628					
1. Entity Name TRIDEO PRODUCTION CORP					
Principal Place of Business 4480 S.W. 2ND STREET MIAMI, FL 33134			Mailing Address 4480 S.W. 2ND STREET MIAMI, FL 33134		
2. Principal Place of Business - No P.O. Box # 2884 SW 36 AV			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CORAL GABLE FL			City & State		
Zip 33133	Country DADE	Zip	Country	4. FEI Number 20-5859299	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RAMIREZ, CESAR A 4480 S.W. 2ND STREET MIAMI, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RAMIREZ, CESAR A 4480 S.W. 2ND STREET MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RAMIREZ, CESAR A 2884 SW 36 AV CORAL GABLE FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 			01/23/08 786-226-3310		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		