
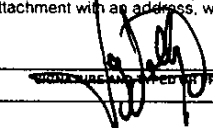


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-18-2008 90020 041 ***150.00

DOCUMENT # P07000018205 1. Entity Name CINEMA ONLINE, INC.					
Principal Place of Business 5700 COLLINS AVENUE APT 4F MIAMI BEACH, FL 33140			Mailing Address 5700 COLLINS AVENUE APT 4F MIAMI BEACH, FL 33140		
2. Principal Place of Business - No P.O. Box # 1232 Aduana Av		3. Mailing Address 1232 Aduana Av			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coral Gables		City & State Coral Gables		4. FEI Number 20-8431558	
Zip 33146		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLEJO, JORGE H 5700 COLLINS AVENUE #4F MIAMI BEACH, FL 33140 1232 Aduana Av. Coral Gables FL 33146			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 reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	P VALLEJO, JORGE H 5700 COLLINS AVENUE #4F MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. Vallesjo Jorge H. 1232 Aduana Av. Coral Gables FL 33146		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAMIREZ, JULIANA 5700 COLLINS AVENUE #4F MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Ramirez Juliana 1232 Aduana Av. Coral Gables FL 33146		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 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: 		PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Juliana Ramirez		Date May 22/08	
				Daytime Phone # 305 877 6438	