

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129831

FILED  
May 04, 2010  
Secretary of State

Entity Name: RIZQ PRODUCTIONS, INC.

**Current Principal Place of Business:**

21864 FELTON AVENUE,  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21864 FELTON AVENUE,  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 75-3263858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOHAGEN, LAWRENCE  
21864 FELTON AVENUE,  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GOHAGEN, LAWRENCE  
Address: 21864 FELTON AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SEC.  
Name: CLARKE, PETER  
Address: 2153 ALDWORTH STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP  
Name: GOHAGEN, DOROTHEA ELAINE  
Address: 21864 FELTON AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DIR  
Name: BLOOMFIELD, CLEVELAND  
Address: 1342 PRESTON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE GOHAGEN

P

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date