

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027343

Entity Name: SMASH PRODUCTIONS CO.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

10145 NW 9TH ST CIRCLE
307
MIAMI, FL 33172 US

New Principal Place of Business:

8671 NW 56TH STREET
MIAMI, FL 33166 US

Current Mailing Address:

PO BOX 44-0156
44-0156 (RUIZ)
MIAMI, FL 33144 US

New Mailing Address:

8671 NW 56TH STREET
MIAMI, FL 33166 US

FEI Number: 26-2112810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, STEVEN O
10145 NW 9TH STREET CIRCLE
307
MIAMI, FL 33172 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, STEVEN O
Address: PO BOX 44-0156
City-St-Zip: MIAMI, FL 33144 US

Title: VP () Delete
Name: CABALLERO, STEVEN M
Address: 2251 W 69TH ST STE #2
City-St-Zip: HIALEAH, FL 33016 US

Title: VP () Delete
Name: DELGADO, ADDRIAN
Address: 2285 W 69TH STREET
City-St-Zip: HIALEAH, FL 3301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: RUIZ, STEVEN O
Address: PO BOX 44-0156
City-St-Zip: MIAMI, FL 33144 US

Title: P (X) Change () Addition
Name: CABALLERO, STEVEN M
Address: 2251 W 69TH ST STE #2
City-St-Zip: HIALEAH, FL 33016 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN O RUIZ

O

03/24/2009

Electronic Signature of Signing Officer or Director

Date