

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003404

Entity Name: LAIDEA PRODUCTION, INC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

200 SW 117 TERRACE  
101  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 SW 117 TERRACE  
101  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

FEI Number: 27-1648546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABALLERO, LIDA L MS  
200 SW 117 TERRACE  
101  
PEMBROKE PINES, FL 33025 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CABALLERO, LIDA L MS  
Address: 200 SW 117 TERRACE APT 101  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: VP  
Name: DEMOYA, ISMANUEL MR  
Address: 200 SW 117 TERRACE APT 101  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: T  
Name: DEMOYA, JOSHUA MR  
Address: 200 SW 117 TERRACE APT 101  
City-St-Zip: PEMBROKE PINES, FL 33025 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: LIDA CABALLERO

P

01/18/2011

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

\_\_\_\_\_  
Date