

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000013453 1. Entity Name AEDO PRODUCTIONS, INC.			
Principal Place of Business 8320 OAKLAND PL ORLANDO, FL 32819 US		Mailing Address 8320 OAKLAND PL ORLANDO, FL 32819 US	
2. Principal Place of Business CASTILLA LA VIEJA 184 Suite, Apt. #, etc. URB. LA CASTELLANA City & State SURCO, LIMA 33 Zip PERU		3. Mailing Address CASTILLA LA VIEJA 184 Suite, Apt. #, etc. URB. LA CASTELLANA City & State SURCO, LIMA 33 Zip PERU	
4. FEI Number 65-0394680		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, ELLEN 1400 CATTLEMAN RD. SARASOTA, FL 34232		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 AEDO, CESAR E 8320 OAKLAND PL ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition HMNOS. QUINTEROS 277 SURCO, LIMA 33, PERU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AEDO, LISA J 8320 OAKLAND PL ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition HMNOS. QUINTEROS 277 SURCO, LIMA 33, PERU
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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: <u>Lisa J. Aedo</u> LISA J. AEDO 6 April, 2006 (011/511) 273-3173 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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