2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000002309 1. Entity Name J.P. PRODUCTIONS, INC.				Feb 09, 2004 08:00 A Secretary of State					1
Grinning! Plans	o of Business	Mailing Address			_				
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11380 N.W. 52ND LANE 11380 N.W. 52ND LANE MIAMI FL 33178 MIAMI FL 33178			**						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc		Suite, Apr. #. etc.			MOORE	CR2E034		alord Par	
City & State		City & Stale		4. 1	El Number 65-038230		No	plied For t Applicable	
Zıp	Country	Zip	Zip Country		5. (Certificate of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. 1	Name and Address of New F	legistered /	Agent	
PAGANO, ANI 11380 NW 52ND LANE MIAMI FL 33178				Name					
				Street Address (P.C. Box Number is Not Acceptable)					
				City	·		FL	Zip Code	• <u>-</u>
The above named entity submits this statement for the purpose of changing its registered office of the purpose					istered ag	ent, or both, in the State of Fi		familiar with,	and accept
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE Registered Agent signature required when roinstating) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				•		Election Campaign Fl Trust Fund Contribution		\$5.0 Added	O May Be to Fees
10.	OFFICERS AN	D DIRECTORS	11.		AE	DDITIONS/CHANGES TO OF	RCERS AND	DIRECTORS	S IN 11
TITLE	D	☐ Dejete	រាក					Change	Addition Addition
NAME OZDECZ ADODECO	PAGANO, ANI 11380 N W 52ND LANE		NAM STD	eet address			12516	ന 450 മ	ແຕ້
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33178			-ST-21P		02/10/04-8	JUZ6-UZ	Z 15U.U	U
TITLE	D	☐ Delete	TITL	E				Change	☐ Addition
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CITY-ST-ZIP	MIAMI FL 33178	☐ Detete	181					☐ Change	Addition
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STREET ADDRESS				EET ADORESS					
CATY-ST-ZIP				Y-ST-ZIP		410 07/01/3 57 11 0	15.46		erenter 1
12. I hereby indicated	certify that the information supplied w I on this report or supplemental repor	rith this filing does not qualify for t is true and accurate and that	or the exi my signa	emption stated i ature shall have	in Section the same	119.07(3)(i), Florida Statutes legal effect as if made under	oath; that i	riny that the i am an officer	normation or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 employered 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 attagrament with an address, with all other like empowered.									

PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

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