

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

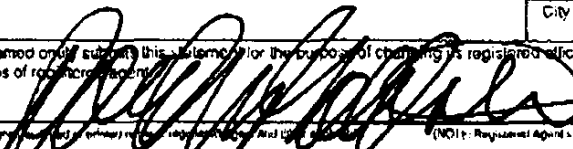
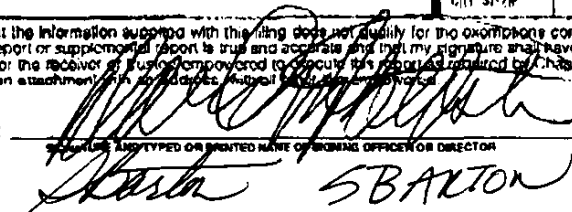
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2EQ34 (10/06)

DOCUMENT # P93000003576			
1. Entity Name FILM GEAR, INC.			
Principal Place of Business 1441 BRICKELL AVENUE 1003 MIAMI FL 33131		Mailing Address 101 CALUMET AVE SAN ANSELMO CA 94960	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0392950		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID M. 1441 BRICKELL AVENUE #1003 MIAMI FL 33131		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 officer 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: 		DATE: _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D GOLDSTEIN, DAVID M 1441 BRICKELL AVENUE MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000096005290 04/05/07--01044--026 **158.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM BARTON, SUE 101 CALUMET AVE SAN ANSELMO CA 94960 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	834/2 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Section 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 to this statement, subject to the provisions of Chapter 607, Florida Statutes.			
SIGNATURE: 		DAVID M. GOLDSTEIN	

Signature of Officer or Director

Date

Signature of Secretary

S. BARTON 13 MAR 07 415 457 3625