

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000088062	
1. Entity Name CINEMAMBI, INC.	

Principal Place of Business 8002 WELLSMERE CIRCLE ORLANDO, FL 32835	Mailing Address P.O. BOX 99 WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3404066	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTISO, GASTON M 8002 WELLSMERE CIRCLE ORLANDO, FL 32835	DO NOT WRITE IN THIS SPACE
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 fee if applicable (NOTE: Registered Agent signature required when renouncing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	1100000123541 04/22/04-80009-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SANTISO, GASTON M 8002 WELLSMERE CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVPD SANTISO, JEANNE V 8002 WELLSMERE CIRCLE ORLANDO, FL 32835
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IN THIS SPACE

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 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: GASTON M. SANTISO, PRES. 4/12/04 4075234108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #