


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90062 012 ***150.00

DOCUMENT # P97000051209
 1. Entity Name
MIAMI FILM CONNECTION, INC.



Principal Place of Business Mailing Address
~~6700 N.W. 72 AVENUE~~ PO BOX 557974
 MIAMI, FL 33166 US MIAMI, FL 33255-7974 US

50002939



2. Principal Place of Business 3. Mailing Address
6925 NW 51 St
 Suite, Apt., fl., etc. Suite, Apt., fl., etc.

City & State City & State
Miami, Florida

Zip Country Zip Country
33166-5627 U. S. A.

01102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0757559 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, CARLOS D
15020 SW 48 TERRACE
#F
MIAMI, FL 33185

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City **FL** Zip Code

8. The above named entity submit 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 in block for name of registered agent and the corporation (if not registered Agent and the registered agent)) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD <input type="checkbox"/> Delete
NAME	LOPEZ, CARLOS D
STREET ADDRESS	15020 SW 48 TERRACE, #F
CITY-STATE-ZIP	MIAMI, FL 33185
TITLE	VPT <input type="checkbox"/> Delete
NAME	INCERA, MAGALY
STREET ADDRESS	15020 SW 40TH TERRACE #F
CITY-STATE-ZIP	MIAMI, FL 33185
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INCERA, Magaly
STREET ADDRESS	5307 SW 152 Place Circle
CITY-STATE-ZIP	Miami, Florida 33185
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or without the empowerment.

SIGNATURE: *Carlos D Lopez* *Magaly Incera* 1/10/05 (305) 406-3335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
CARLOS D LOPEZ **MAGALY INCERA**