2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9, 00031209

1. Entity Name
MIAMI FILM CONNECTION, INC.

Principal Place of Business	Mailing Address
6925 NW 51 ST	PO BOX 557974
MIAMI, FL 33166-5627 US	MIAMI, FL 33255-7974 US

DO NOT WRITE IN THIS SPACE

02072006   No Chg-P   CR2E034 (11/05)

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
6925 NW 51 ST
MIAMI, FL 33166-5627

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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 reinstating)   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

TITLE	PSD
NAME	LOPEZ, CARLOS D
STREET ADDRESS	6925 NW 51 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VPT
NAME	INCERA, MAGALY
STREET ADDRESS	6925 NW 51 ST
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000435795
02/27/06-80006-010 150.00

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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: _Carlos Lopez, Magaly Incera_   Feb 7/2006   (305) 406-3335

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