## 2007 FOR PROFIT CORPORATION

## FILED Mar 26, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P97000051209 03-26-2007 90056 002 \*\*\*150.00 MIAMI FILM CONNECTION, INC. Principal Place of Business Mailing Address 70040 6925 NW 51 ST PO BOX 557974 MIAMI, FL 33166-5627 US MIAMI, FL 33255-7974 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03212007 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 65-0757559 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, CARLOS D Street Address (P.O. Box Number is Not Acceptable) 6925 NW 51 ST MIAMI, FL 33166-5627 City Zip Code ξ. 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 it applicable. (NCTE Flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT & DIRECTOR (PD) Change CARLOS D. LOPEZ TITLE **PSD** THILE ☐ Delete LOPEZ, CARLOS D 6925 NW 51 Street MIAMI, FL 33166 STREET ADDRESS 6925 NW 51 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY ST-7IP Vice PRes, Secretary & Treasurer Change TITLE Defete TITLE ☐ Addition MAGALY INCELA 6925 NW 51 Street INCERA, MAGALY NAME NAME STREET ADDRESS 6925 NW 51 ST STREET ADDRESS Miami, FL 33166 CITY - ST - ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY: \$1-7IF TITLE Delete TOTALE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

Addition

Delete

MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: