

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 30, 2004 08:00 AM  
Secretary of State**

DOCUMENT # P98000004720  
1. Entity Name  
ALANIS ENTERTAINMENT AND PROMOTIONS, INC.



Principal Place of Business      Mailing Address  
9505 SW 136TH STREET      9505 SW 136TH STREET  
MIAMI, FL 33176      MIAMI, FL 33176



04292004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
65-0906881      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
AJAGBE, AUGUSTINE O  
9505 SW 136TH STREET  
MIAMI, FL 33176

**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: *Augustine Ajagbe*      Augustine Ajagbe      4/27/04  
Signature of and or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required upon reestablishing)      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U00000145128  
05/03/04-80012-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AJAGBE, AUGUSTINE O
STREET ADDRESS	9505 SW 136TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
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	

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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: *Augustine Ajagbe*      Augustine Ajagbe      4/27/04      305-893-8233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #