


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000005355</b>	
1. Entity Name FLORIDA SYSPRODUCTIONS, INC.	

Principal Place of Business 1900 SOUTH TREASURE DRIVE NO. 9T NORTH BAY VILLAGE, FL 33141	Mailing Address 1900 SOUTH TREASURE DRIVE NO. 9T NORTH BAY VILLAGE, FL 33141
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02192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0806729	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

VALDIVIA, SONNIA  
1900 S. TREASURE DRIVE  
NO. 9T  
NORTH BAY VILLAGE, FL 33141

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000346233  
04/30/05-80070-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VALDIVIA, SONNIA 1900 KENNEDY CAUSEWAY NO. 219 NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALDIVIA, JUAN ROSAS 1900 S TREASURE DRIVE 9T NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALDIVIA, JUAN ROSWALDO 1900 S TREASURE DR 9T NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ARANIBAR, NORMA 1900 S TREASURE DR # 9 T NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** *Sonnia Valdivia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

Daytime Phone #