

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90413 004 ***150.00

DOCUMENT # P98000005355

1. Entity Name
FLORIDA SYSPRODUCTIONS, INC.



Principal Place of Business

1440 JF KENNEDY CSWY
STE 411
NORTH BAY VILLAGE, FL 33141

Mailing Address

1440 JF KENNEDY CSWY
STE 411
NORTH BAY VILLAGE, FL 33141

4000000



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0806729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VALDIVIA, SONNIA
1865 79 ST CSWY # 7 B
NORTH BAY VILLAGE, FL 33148

**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

Sonia Valdivia

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
VALDIVIA, SONNIA
1865 S 79 ST CSWY APT 7B
NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
VALDIVIA, JUAN ROSAS
1865 79 ST CSWY APT 7B
NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
VALDIVIA, JUAN ROSWALDO
1865 79 ST CSWY APT 7B
NORTH BAY VILLAGE, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVD
ARANIBAR, NORMA
1865 79 ST CSWY APT 7B
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 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:

Sonia Valdivia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

Date

Daytime Phone #