

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90181 030 ***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**



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0806729

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VALDIVIA, SONNIA
1865 79 ST CSWY # 7 B
NORTH BAY VILLAGE, FL 33148
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 *Sonia V. Valdivia*

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

4-29-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **SVD**
NAME **ARANIBAR, NORMA**
STREET ADDRESS **1865 79 ST CSWY APT 7B**
CITY-ST-ZIP **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 V. Valdivia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08

Date

Daytime Phone #