## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P98000005355 DOCUMENT #

1. Entity Name

FLORIDA SYSPRODUCTIONS, INC.

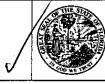
1900 SOUTH TREASURE DRIVE

NORTH BAY VILLAGE FLORIDA

U S A

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS



Principal Place of Business 1402 KENNEDY CAUSEWAY NO. 219 NORTH BAY VILLAGE FL 33141

2. Principal Place of Business

Suite, Apt. #, etc

No. 97 City & State

VALDIVIA, SONN!A

NO. 9T

10.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-7IP

SD

SVD

CITY-ST-ZIP

CITY-ST-ZIP

1900 S. TREASURE DRIVE

NORTH BAY VILLAGE FL 33141

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

1900 KENNEDY CAUSEWAY NO. 219

NORTH BAY VILLAGE FL 33141

VALDIVIA, JUAN ROSAS

\_1900.S\_TREASURE\_DRIVE 9T

VALDINIA, JUAN ROSWALDO

NORTH BAY VILLAGE FL 33141

1402 KENNEDY COURAGE # E19

NORTH BAY VILLAGE FL 33141

1900 S TREASURE DR 9T

aranibar, norma

NORTH BAY VILLAGE FL 33141

VALDIVIA, SONNIA

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

33141

Zip

1402 KENNEDY CAUSEWAY NO. 219

1900 SOUTH TREASURE DRIVE

NORTH BAY VILLAGE FLORIDA

Country USA

City

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

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NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-7IF

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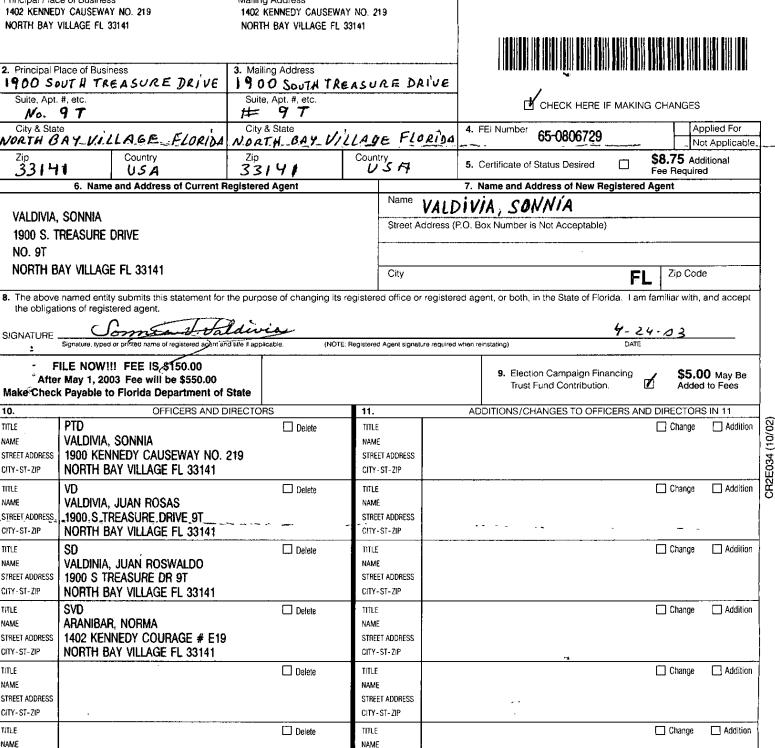
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NORTH BAY VILLAGE FL 33141

## FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 92118 001 \*\*\*\*\*5.00 05-05-2003 92118 002 \*\*\*150.00



hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the informatio	
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 direct 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	
changed, or on an attachment with an address, with all other like empowered.	,

CITY-ST-ZIP

SIGNATURE:

MPRIL 24, 2003 \* 305-343-4972