

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90065 010 ***158.75

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1. Entity Name

EAGLE STRIKE PRODUCTIONS INC.



Principal Place of Business

12982 SW 132 AVE
MIAMI FL 33186

Mailing Address

12982 SW 132 AVE
MIAMI FL 33186

2. Principal Place of Business

12902 SW 132 COURT

3. Mailing Address

12902 SW 132 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33186

Country

USA

Zip

33186

Country

USA

6. Name and Address of Current Registered Agent

RONALD, NEIWIRTH G
100 SE 2ND ST 17TH FLR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-0856201

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME BERRY, LORENZO D III
STREET ADDRESS 8751 N.W. 99TH STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE VPD ☐ Delete
NAME KMOCH, KARL
STREET ADDRESS 2025 S.W. 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33154

TITLE VD ☐ Delete
NAME GASTON, BERNAL
STREET ADDRESS 13211 SW 44 STREET
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I 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 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:

Karl Knoch KARL KMOCH

01/28/04 786-293-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #