


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90246 022 ***158.75

DOCUMENT # P98000085434		
1. Entity Name STOGIE PRODUCTIONS, INC.		

Principal Place of Business STOGIE PRODUCTIONS 1801 NE 149 STREET MIAMI, FL 33181	Mailing Address 648 HIBISCUS DR. HALLANDALE, FL 33009
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94072429

2. Principal Place of Business <i>STOGIE PRODUCTIONS</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc. <i>648 HIBISCUS DR.</i>	Suite, Apt. #, etc.
City & State <i>HALLANDALE FL.</i>	City & State
Zip <i>33009</i>	Country <i>USA</i>

04272004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0870518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DIROSA, VINCENT G 648 HIBISCUS DR. HALLANDALE, FL 33009	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>VINCENT G. DIROSA</i>	DATE <i>4/27/04</i>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DIROGA, VINCENT G 648 HIBISCUS DR. HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARCIA, EILEEN B 1801 NE 149 STREET MIAMI, FL 33181 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VS</i> <i>GARCIA, EILEEN B.</i> <i>648 HIBISCUS DR.</i> <i>HALLANDALE, FL 33009</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.	
SIGNATURE: <i>VINCENT G. DIROSA</i>	Date <i>4/27/04</i> Daytime Phone # <i>(505) 588-9535</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	