


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90120 030 ***150.00

DOCUMENT # P98000090012 1. Entity Name 35 M.M. PRODUCTIONS OF MIAMI, INC.	
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Principal Place of Business 1820 N CORPORATE LAKES BLVD STE. 208 WESTON, FL 33326	Mailing Address 1820 N CORPORATE LAKES BLVD STE. 208 WESTON, FL 33326
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50026521

2. Principal Place of Business <u>2775 STIRRUP LANE</u>	3. Mailing Address <u>1112 WESTON RD</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <u>210</u>

City & State <u>Weston FL</u>	City & State <u>Weston FL</u>
Zip <u>33331</u>	Zip <u>33326</u>
Country <u>USA</u>	Country <u>USA</u>



02142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0878979	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BONET, DOMINIQUE C 2775 STIRRUP LANE WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 - After May 1, 2005 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	D BONET, SALVADOR 2775 STIRRUP LANE WESTON, FL 33331 <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	D BONET, DOMINIQUE C 2775 STIRRUP LANE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dominique Bonet **(954)385-3388**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #