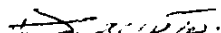


FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90034 039 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000090012		
1. Entity Name 35 M.M. PRODUCTIONS OF MIAMI, INC.		
Principal Place of Business 2775 STIRRUP LANE WESTON, FL 33331	Mailing Address 1112 WESTON RD 210 WESTON, FL 33326	40104812 
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BONET, DOMINIQUE C 2775 STIRRUP LANE WESTON, FL 33331		4. FEI Number 65-0878979 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		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:  (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reappointing) DATE: _____
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 NAME STREET ADDRESS CITY - ST - ZIP D BONET, SALVADOR 2775 STIRRUP LANE WESTON, FL 33331 D BONET, DOMINIQUE C 2775 STIRRUP LANE WESTON, FL 33331 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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:  Dominique Bonet 04/10/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

We are sorry, we forgot
to send the check with
this form already sent.
thanks.
Jill Yavon