

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90052 045 ***150.00

DOCUMENT # P98000095524

1. Corporation Name
SHOCKING PRODUCTION, INC.



Principal Place of Business
15842 N.W. 10TH STREET
PEMBROKE PINES FL 33028

Mailing Address
15842 N.W. 10TH STREET
PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

4. FEI Number
65-0880529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 11271 INTERCHANGE CIRCLE S.

2a. Mailing Address
26 11271 INTERCHANGE CIRCLE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 MIRAMAR, FLORIDA

City & State
28 MIRAMAR, FLORIDA

Zip Country
24 33125 25

Zip Country
29 33125 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUIS ROCHE, JOSE
2000 N.E. 135TH STREET, SUITE 704
NORTH MIAMI FL 33181

81 Name
LUIS ROCHE, JOSE

82 Street Address (P.O. Box Number is Not Acceptable)
11271 INTERCHANGE CIRCLE SOUTH

83

84 City
MIRAMAR

FL

85 Zip Code
33125

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LUIS ROCHE, JOSE
STREET ADDRESS 2000 NE 135TH STREET, STE 704
CITY-ST-ZIP NORTH MIAMI FL 33181

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME LUIS ROCHE, JOSE
1.3 STREET ADDRESS 11271 INTERCHANGE CIRCLE SOUTH
1.4 CITY-ST-ZIP MIRAMAR, FL 33125

TITLE D ☐ DELETE
NAME BRICENO, MARIELY
STREET ADDRESS 15842 N.W. 10TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33028

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if change is shown on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
LUIS ROCHE

04/07/99

(954) 436-2118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)