
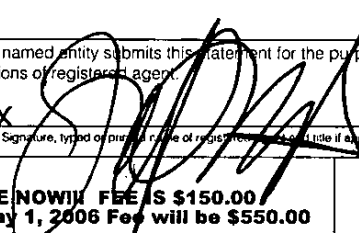


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90013 001 \*\*\*150.00

<b>DOCUMENT # P99000030167</b> 1. Entity Name <b>CINEMA CRAFTERS, INC.</b>																													
Principal Place of Business <b>12564 NE 14TH AVENUE NORTH MIAMI, FL 33161</b>			Mailing Address <b>12564 NE 14TH AVENUE NORTH MIAMI, FL 33161</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>65-0910246</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent <b>LEVINE, ROBERT J ESQ 1110 BRICKELL AVENUE 7TH FLOOR MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Jeffrey W. Smith</b> Street Address (P.O. Box Number is Not Acceptable) <b>12564 NE 14 Avenue</b> City <b>North Miami</b> <b>FL</b> Zip Code <b>33161</b>																									
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 <b>X</b>  DATE <b>01/11/06</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW IN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
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**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/11/06**

Date

**(305)8916121**

Daytime Phone #

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.