

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087041

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** IMPACT PRODUCTIONS 2000, INC.

**Current Principal Place of Business:**

2021 COOLIDGE ST.  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

2021 COOLIDGE ST.  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 65-0973509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, GREGORY E  
407 LINCOLN ROAD, PH SE  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SALAUES, RAFAEL  
Address: 5700 COLLINS AVE. #7-D  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD  
Name: SALAVES, ORIETTA  
Address: 5700 COLLINS AVE., #7-D  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD  
Name: SALAVES, GABRIEL  
Address: 5700 COLLINS AVE 70  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T  
Name: SALAVES, DANIELA  
Address: 5700 COLLINS AVE 7D  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL SALAUES

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date