2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90246 003 ***150.00

DOCUMENT # P99000087499

1. Entity Name
ANDROMEDA PRODUCTIONS INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE #502 CORAL GABLES FL 33134	201 ALHAMBRA CIRCLE #502 CORAL GABLES FL 33134

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4212 LAGUNA	4212 LAGUNA
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146 Country USA	Zip 33146 Country USA

4. FEI Number 65-0998259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUERTA, EMILIA 201 ALHAMBRA CIRCLE #502 CORAL GABLES FL 33134	Name EMILIA ANGUITA HUERTA Street Address (P.O. Box Number is Not Acceptable) 4212 LAGUNA # B City CORAL GABLES FL Zip Code 33146

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 Emilia 01-13-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD HUERTA, CARLOS A 201 ALHAMBRA CIRCLE #502 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD HUERTA, EMILIA M 201 ALHAMBRA CIRCLE #502 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: SIGNATURE REQUIRED Emilia EMILIA ANGUITA HUERTA 305 447 8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 13-01-03 Date Daytime Phone #