


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000089437
 1. Entity Name
 GANESHA PRODUCTIONS, INC.



Principal Place of Business
 5130 NORTH BAY ROAD
 NORTH MIAMI BEACH, FL 33140

Mailing Address
 P.O. BOX 13345
 SANFORCE STATION
 SAN JUAN, PR 00908-3345

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2195689	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, JOSE L
 5600 COLLINS AVE
 APT 165
 MIAMI BEACH, FL 33140

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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 _____ DATE 4/17/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD MORALES CONCEPCION, NEREIDA E9 SAN RAFAEL STREET, SAN PEDRO STATES CAGUAS, PR 00725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FERNANDEZ, FERNANDO E9 SAN RAFAEL STREET, SAN PEDRO STATES CAGUAS, PR 00725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ MORALES, ANGEL G H-302 PATIO SEVILLANO TRUJILLO ALTO, PR 00976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/06-80090-020 158.75

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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 reports 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] DATE 4/17/2006 DAYTIME PHONE # (787) 754-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR