2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

04 10 07

35-5420724

DOCUMENT # P99000091303 1. Entity Name M.R. PRODUCTIONS, INC.						04-23-2007 9	90269 039 ***	'1 <i>5</i> 8	.75	
Principal Place of Business Mailing Address 7220 NW 36 ST. 7220 NW 36 ST. SUITE 510 SUITE 510 MIAMI, FL 33166 MIAMI, FL 33166										
2. Principal Place of Business - No P.O. Box # 6924 NW 107 PLACE 6924 NW			107 PLACE							
Suite, Apt.		Suite, Apt. #, etc.			102007	Chg-P	CR2E034 (12			
City & State MIAM		City & State MIAMI FL			El Numbe 65-096				plied For Applicable	
Zip 33178	Country USA	33178	Country USA	5. (Certificate	of Status Desired	□ \$8.75 Fee Re			
	6. Name and Address of Current	Registered Agent	Name	7. N	Name and	Address of New R	egistered Agent			
ROMERO, MARIELA IBARRA ROMERO					SS (P.O. Box Number is Not Acceptable)					
SUITE 510 MIAM!, FL 33166				4 NW	107	PLACE	-			
				City MIAMI FL 33178						
	Signal, vi. typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campai		\$5.00 N	May Be		04 10 05	}		
10.	OFFICERS AND	DIRECTORS	11.		DITIONS,	CHANGES TO OFF	ICERS AND DIREC	TORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D -: ROMERO, MARIELA IBARRA 7220 NW 36 ST. MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		NW	IELA IBAG 107 PLACE 138 FOI	Lea Ch :	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTEZ, JULIO F 7220 NW 36 ST. MIAMI, FL 33166	Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP		,		☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTEZ, JULIO CESAR 7220 NW 36 ST. MIAMI, FL 33166	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				□ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				C C	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-\$T-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ C#	ange	☐ Addition	
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify to s true and accurate and that r	or the exemptions of	contained in C	hapter 11 legal effe	9, Florida Statutes. ct as if made under	further certify that oath; that I am an	the in	or director	

/WWW. 15 WALTELA THANKS AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR