


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109579	
1. Entity Name MIRAGE STUDIOS AND FILM CO., INC.	

Principal Place of Business 2001 W. SAMPLE RD., STE 401 POMPANO BEACH, FL 33064	Mailing Address 2001 W. SAMPLE RD., STE 401 SUITE 111 POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0966898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLEIN, PATRICIA ESQ.
2001 WEST SAMPLE ROAD
POMPANO BEACH, FL 33064

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	P BERLOWSKI, STEVE 2001 WEST SAMPLE RD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALFIERI, MARK 2001 WEST SAMPLE ROAD #101 POMPANO BEACH, FL 33064
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05/03/05-80048-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **JOSEPH C. SIENKIEWICZ** April 26, 2005 954-969-1010 ext 135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #