2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90517 001 ***150.00 **DOCUMENT # S02197** 1. Entity Name ZARABANDA PRODUCTION, INC. , v v I U I U U Principal Place of Business Mailing Address 2742 BISCAYNE BLVD 4400 ISLAND RD BAY POINT, FL 33137 MIAMI, FL 33137 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0225527 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COSME J. DE LA TORRIENTE P.A. Street Address (P.O. Box Number is Not Acceptable) 155 SW 25 RD MIAMI, FL 33129 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ΠP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHIRINO, WILFREDO NAME NAME STREET ADDRESS 4400 ISLAND RD STREET ADDRESS BAY POINT, FL 33137 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

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 laport 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 pother like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: &

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

OF SIGNING OFFICER OR DIRECT

Defete

☐ Change

■ Addition

Daytime Phone #

FILED