## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V03661

1. Entity Name

FILMART PRODUCTIONS CORP.



**FILED** Apr 11, 2007 08:00 Al Secretary of State

Principal Place of Business

8303 SW 144TH CT MIAMI, FL 33183 US

Mailing Address

8303 SW 144TH CT

MIAMI, FL 33183 US



04092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0322131 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROMERO, FERNANDO

| B303 SW MIAMI, FL                      | 144 COURT<br>. 33183                                                          |                                                     |                       |                                | THIS SPA                   |                     |                 |
|----------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|--------------------------------|----------------------------|---------------------|-----------------|
|                                        | e named entity submits this statement for the p<br>trons of registered agent. | ourpose of changing its registe                     | red office or re      | gistered agent, or bo          | th, in the State of Florid | la. I am familiar w | ith, and accept |
| SIGNATURE                              | Signature, typed or printed name of registered agent and title                | if applicable. (NOTE: Register                      | ed Agent eignature re | equired when reinstating)      |                            | DATE                |                 |
|                                        | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00                   | Election Campaign Fina     Trust Fund Contribution. | ncing                 | \$5.00 May Be<br>Added to Fees |                            |                     |                 |
| 10. OFFICERS AND DIREC                 |                                                                               | CTORS                                               | 三连连续位                 |                                |                            | Samo Ville          | 2.50660         |
| TITLE NAME STREET ADDRESS C(TY-ST-ZIP  | D<br>ROMERO, FERNANDO<br>8303 SW 144TH CT<br>MIAMI, FL 33183                  |                                                     |                       |                                |                            |                     |                 |
| TITLE AMAGE STREET ADDRESS CITY-ST-ZIP | D<br>MANTILLA, RAQUEL P.<br>8303 SW 144TH CT<br>MIAMI, FL 33183               |                                                     |                       |                                |                            |                     |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>ROMERO, ALFONSO<br>8303 SW 144TH CT<br>MIAMI, FL 33183                   |                                                     |                       | DO                             | NOT WE                     | RITE                |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                                                               |                                                     |                       | in:                            | THIS SPA                   | NCE .               |                 |
| TITLE                                  |                                                                               |                                                     |                       |                                |                            |                     |                 |

U00000700592 04//20/07-80023-01:1-150.00

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 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.

STREET, ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

Fernando Romero

4/9/2007 (305)382-6667