


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # V43633	
1. Entity Name PENSACOLA SILVER SCREEN, INC.	

Principal Place of Business 7280 PLANTATION RD PENSACOLA FL 32504 US	Mailing Address P O BOX 10015 PENSACOLA FL 32524 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3128601		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> ESTRADA, RONALD 8620 BEULAH RD PENSACOLA FL 32526 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		ESTRADA, RONALD 8620 BEULAH RD PENSACOLA FL 32526		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent							
ESTRADA, RONALD 8620 BEULAH RD PENSACOLA FL 32526		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ESTRADA, RONALD 8620 BEULAH RD PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Ronald Estrada **RONALD ESTRADA** **1/18/06 (850) 944-2348**

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