


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

03-29-2004 90089 045 ***158.75

DOCUMENT # P02000078926

1. Entity Name
EJEMPLO PRODUCCIONES, INC.



Principal Place of Business
10397 SW 88TH ST W7 MIAMI, FL 33176

Mailing Address
10397 SW 88TH ST W7 MIAMI, FL 33176



2. Principal Place of Business
402 APOLLO DR
 Suite, Apt. #, etc.

3. Mailing Address
402 APOLLO DR
 Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
MURFREESBORO TN

City & State
MURFREESBORO TN

Zip
37130 Country
USA

Zip
37130 Country
USA

4. FEI Number
36-4522226

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ESPINOZA, DIMAS
5055 NW 7TH ST STE 409
C/O NOE GIL
MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
Boanerge Espinoza
 Street Address (P.O. Box Number is Not Acceptable)
3228 NW 102nd TER.
 City
CORAL SPRINGS FL Zip Code
33065

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 *Boanerge Espinoza* **04/27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DCEO ESPINOZA, DIMAS 10397 SW 88TH ST #W7 MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ESPINOZA, MARTHA 10397 SW 88TH ST #W7 MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	402 APOLLO DR. MURFREESBORO TN 37130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	402 APOLLO DR MURFREESBORO TN 37130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **DIMAS ESPINOZA** *Boanerge Espinoza* **04/27/04** **615-867-2922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #