2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 25, 2005 8:00 am DOCUMENT # P00000117967 **Secretary of State** 1. Entity Name 07-25-2005 90098 046 ***150.00 V.B. KAMEN STUDIOS, INC. Principal Place of Business Mailing Address 1415 NE 25TH ST 1415 NE 25TH ST POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address ABOVE JANE AS Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1065140 Not Applicable Zip 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 Name KAMENAROVIC, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 1415 NE 25TH ST POMPANO BEACH FL 33064 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 goistored agent. KAMENAROVIC VLADIMIR PRESIDENT SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PVST TITLE ☐ Delete ☐ Addition KAMENAROVIC, VLADIMIR NAME NAME 1415 NE 25TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP BULE D ☐ Delete THUE ☐ Change ☐ Addition NAME KAMENAROVIC, VLADIMIR NAME STREET ADDRESS 1415 NE 25TH ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 uiit-Si-Zir ☐ Delete ☐ Change ☐ Addition MARKET MAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE TIDE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete FITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 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 trusted 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.

AMENAROVIC

SIGNATURE:

CNATURE AND TYPED OR PRINTED NAME

FILED

Po	ATTACHMENT MPANO BEACH # 100000117967 07/17/05
	<u>FROM</u> :
	KAMENAROVIC, VLADIMIR V.B. KAMEN STUDIOS, INC.
	FLORIDA DEP'T OF STATE
`	Sadly, I failed to file this year's report on time. This omission was due to sickness in the family
	I am very contrite about this omission and I promise it would not happen again. Please accept
	my apology and find the check for \$-1500 enclosed so that my small business remains active.
	Very thankfully yours,
	Vladimin Kamenarovic
	(954) 588-144 (954) 325-8233
	(954) 325 - 8233