

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124719

Entity Name: A L X STUDIOS, INC.

FILED
Mar 28, 2004
Secretary of State

Current Principal Place of Business:

650 NE 64TH STREET
SUITE G-601
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

PO BOX 371429
MIAMI, FL 33137

New Mailing Address:

FEI Number: 43-1985288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUQUE, ALEX
650 NE 64TH STREET
SUITE G-601
MIAMI, FL 33138

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUQUE, ALEX
Address: 650 NE 64TH STREET, SUITE G-601
City-St-Zip: MIAMI, FL 33138

Title: VPD () Delete
Name: DELGADO, PILAR
Address: 650 NE 64TH STREET, SUITE G-601
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: BROOKS, ROXANNE
Address: 650 NE 64TH STREET, SUITE G-601
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: LAZARTE, FELIPE L
Address: 650 NE 64TH STREET, SUITE G-601
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX DUQUE

PD

03/28/2004

Electronic Signature of Signing Officer or Director

_____ Date