
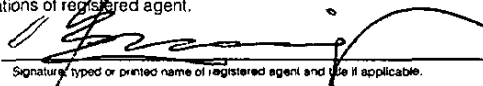
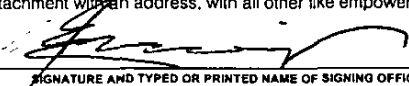


**2008 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90055 012 \*\*\*150.00

DOCUMENT # P07000064764			
1. Entity Name CONCEPTO STUDIOS, INC.			
Principal Place of Business 3000 SW 3RD AVE., #310 MIAMI, FL 33129		Mailing Address 3000 SW 3RD AVE., #310 MIAMI, FL 33129	
2. Principal Place of Business - No P.O. Box # 18800 NE 29 Ave		3. Mailing Address 18800 NE 29 Ave	
Suite, Apt. #, etc. 922		Suite, Apt. #, etc. 922	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Zip 33180	
Country Dade		Country Dade	
4. FEI Number 26-0777479		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, ANDREW E 3000 SW 3RD AVE., #310 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name: Andrew E Morrison Street Address (P.O. Box Number is Not Acceptable): 18800 NE 29 Ave, # 922 City: Aventura FL Zip Code: 33180	
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: 		DATE: 3/18/2008	
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND USE IF APPLICABLE.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete	NAME: MORRISON, ANDREW E STREET ADDRESS: 3000 SW 3RD AVE., #310 CITY-ST-ZIP: MIAMI, FL 33129	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Andrew E Morrison STREET ADDRESS: 18800 NE 29 AVE # 922 CITY-ST-ZIP: Aventura, FL 33180
TITLE: D <input type="checkbox"/> Delete	NAME: MOLINE, ANDRES STREET ADDRESS: 3000 SW 3RD AVE., #310 CITY-ST-ZIP: MIAMI, FL 33129	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Andres Moline STREET ADDRESS: 18800 NE 29 AVE # 922 CITY-ST-ZIP: Aventura, FL 33180
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: STREET ADDRESS: CITY-ST-ZIP:
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.			
SIGNATURE: 		DATE: 3/18/2008 Daytime Phone #: 5613021092	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	