

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000064764

**Entity Name:** CONCEPTO STUDIOS, INC.

**Current Principal Place of Business:**

2040 NE 199 STREET  
N. MIAMI BEACH, FL 33179

**Current Mailing Address:**

2040 NE 199 STREET  
N. MIAMI BEACH, FL 33179

**FEI Number: 26-0777479**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEONCIO, RENE F  
8302 NW 103ST  
106  
HIALEAH GARDENS, FL 33016 US

*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

**Officer/Director Detail :**

Title            D  
Name            MORRISON, ANDREW E  
Address        2040 NE 199 STREET  
City-State-Zip: N. MIAMI BEACH FL 33179

Title            D  
Name            MOLINE, ANDRES  
Address        2040 NE 199 STREET  
City-State-Zip: N. MIAMI BEACH FL 33179

*I hereby 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 all other like empowered.*

**SIGNATURE: ANDREW MORRISON**

**D**

**04/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date