
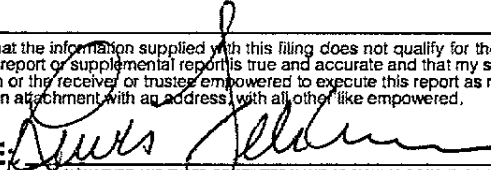


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # 198823		
1. Entity Name FINE ARTS STUDIOS, INC.		
Principal Place of Business 7070 SW 59TH PLACE MIAMI, FL 33143 US	Mailing Address 7070 SW 59TH PLACE MIAMI, FL 33143 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  FELDMAN, LEWIS 7070 SW 59 PLACE MIAMI, FL 33143		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	SD	DO NOT WRITE IN THIS SPACE
NAME	FELDMAN, VALERIE	
STREET ADDRESS	7070 SW 59 PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	PD	
NAME	FELDMAN, LEWIS	
STREET ADDRESS	7070 SW 59 PL	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		
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STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
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 April 19, 2006 301 661-6625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0787904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/05/06-80045-001 150.00