

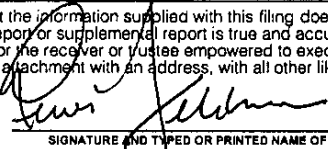


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 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			
			
		01232007 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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000643771 03/02/07-80015-016 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	SD		
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		
CITY-ST-ZIP	MIAMI, FL 33143		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		Lewis Feldman	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-17-2007 305-661-1655	