

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90042 037 ***158.75

DOCUMENT # 235941

1. Entity Name
BRYN-ALAN STUDIOS INC



Principal Place of Business
**606 W. KENNEDY BLVD
TAMPA, FL 33606 US**

Mailing Address
**606 W. KENNEDY BLVD
TAMPA, FL 33606 US**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0889302

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**PARIDO, CECILLE S
606 W KENNEDY BLVD.
TAMPA, FL 33606**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PARIDO, CECILLE S 4906 NEW PROVIDENCE AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOELTZING, ELVIRA 4932 LYFORD CAY RD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARIDO, CECILLE S. 4906 NEW PROVIDENCE AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARIDO, HARVEY E JR 4906 NEW PROVIDENCE AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecille Parido

V. Pres

3/16/05

Date

Daytime Phone #

813-829-7365