

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 A
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-0889302**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VST
PARIDO, CECILLE S
4906 NEW PROVIDENCE AVE.
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000669390
03/27/07-80070-008 158.75** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
STOELTZING, ELVIRA
4932 LYFORD CAY RD
TAMPA FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
PARIDO, HARVEY E JR
4906 NEW PROVIDENCE AVE
TAMPA FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Change ☐ Addition

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CITY- ST- ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Cecille Parido
Cecille Parido

2-6-07 813-829-7365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #