2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 485985

1. Entity Name
STUDIO III, INC.

Principal Place of Business	Mailing Address
1323 SW 107 AVE. MIAMI, FL 33174	9240 S.W. 19 STREET MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

01·16·2008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-1628003		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, RUIZ
9240 S.W. 19TH ST.
MIAMI, FL

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000831358
02/27/08-80014-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUIZ, SANTIAGO
STREET ADDRESS	9240 S.W. 19TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	RUIZ, NILDA L.
STREET ADDRESS	9240 S.W. 19TH ST.
CITY-ST-ZIP	MIAMI, FL
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 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: _____   SANTIAGO RUIZ   01/18/08 (305) 220-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #