


APR-24-2006 23:27

R.L. AZAN

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90360 022 \*\*\*150.00

<b>DOCUMENT # 523677</b>			
1. Entity Name <b>ALITA CABRERA STUDIO, INC.</b>			
Principal Place of Business <b>8432 SW 24TH ST. MIAMI, FL 33155</b>		Mailing Address <b>720 CORAL WAY APT 5D CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>2026 SW 14 Terr</b>		3. Mailing Address <b>2026 SW 14 Terr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33145</b>	Country <b>USA</b>	Zip <b>33145</b>	Country <b>USA</b>
4. FEI Number <b>59-1717219</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CABRERA, SILVIA 720 CORAL WAY APT 5D CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Beatriz Vignau</b> Street Address (P.O. Box Number is Not Acceptable) <b>2026 SW 14 Terr</b> City <b>Miami</b> FL Zip Code <b>33145</b>	
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 <i>Beatriz A. Vignau</i> DATE <b>4/25/06</b> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when constituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, SILVIA 720 CORAL WAY APT 5D CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, IRAIDA 1800 S.W. 83RD AVE. MIAMI FL. <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Beatriz A. Vignau</i> <b>Beatriz Vignau</b>		DATE <b>4/25/06</b> (305) 778-2728	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>File No. Anytime Phone #</small>	

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04012006 Chg-P CR2E034 (11/05)