


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F31825 1. Entity Name STUDIO K, INC.																																										
Principal Place of Business 1450 CYPRESS DR. JUPITER, FL 33469	Mailing Address 1450 CYPRESS DR. JUPITER, FL 33469																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent KRYSTOF, JUNE A. 1605 S US #1, C203 JUPITER, FL 33477		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>KRYSTOF, PETER E.</td></tr><tr><td>STREET ADDRESS</td><td>1605 S US #1, C-203</td></tr><tr><td>CITY-ST-ZIP</td><td>JUPITER, FL 33477</td></tr><tr><td>TITLE</td><td>ST</td></tr><tr><td>NAME</td><td>KRYSTOF, JUNE A.</td></tr><tr><td>STREET ADDRESS</td><td>1605 S US #1, C-203</td></tr><tr><td>CITY-ST-ZIP</td><td>JUPITER, FL 33477</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	D	NAME	KRYSTOF, PETER E.	STREET ADDRESS	1605 S US #1, C-203	CITY-ST-ZIP	JUPITER, FL 33477	TITLE	ST	NAME	KRYSTOF, JUNE A.	STREET ADDRESS	1605 S US #1, C-203	CITY-ST-ZIP	JUPITER, FL 33477	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div>U000000303697 04/14/05-80014-003 150.00</div> DO NOT WRITE IN THIS SPACE
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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: <u>June Krystof</u> JUNE KRYSTOF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-12-05</u> <u>561-744-9156</u> <small>Date Daytime Phone #</small>																																								