



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H13299 1. Entity Name MARIO STUDIO, INC.							
Principal Place of Business 1601 S LEJEUNE RD MIAMI, FL 33134		Mailing Address 2940 S. MIAMI AVE. MIAMI, FL 33129					
DO NOT WRITE IN THIS SPACE							
		 01202005 No Chg-P CR2E034 (10/03)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2438846</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-2438846	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SOLARES, JOSE DE J. 2940 S. MIAMI AVE. MIAMI, FL 33129		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) DATE _____</small>							
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		<div style="font-family: monospace; font-size: 1.2em;">U00000213162 02/03/05-80058-015 150.00</div> DO NOT WRITE IN THIS SPACE					
TITLE	DP						
NAME	SOLARES, MERCEDES						
STREET ADDRESS	2940 S. MIAMI AVE.						
CITY-ST-ZIP	MIAMI, FL						
TITLE	DVP						
NAME	GUITIAN, CARMEN						
STREET ADDRESS	30 S.W. 30 ROAD						
CITY-ST-ZIP	MIAMI, FL 33129						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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><i>Mercedes Solares</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1- 2 2 0 5 305-444-5200 <small>Date Daytime Phone #</small>					