

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90158 049 ***150.00

DOCUMENT # K88550					
1. Entity Name PARDON STUDIO, INC.					
Principal Place of Business 5724 N. BAYSHORE DR. MIAMI, FL 33137 US			Mailing Address 5724 N. BAYSHORE DR. MIAMI, FL 33137 US		
2. Principal Place of Business - No P.O. Box # 3400 NE 2nd AVENUE		3. Mailing Address 5600 NE 5th AVENUE			
Suite, Apt. #, etc. 'F'		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-0142818	
Zip 33137		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARDON, SHIRLEY 5724 N BAYSHORE DRIVE MIAMI, FL 33137			7. Name and Address of New Registered Agent Name SHIRLEY PARDON Street Address (P.O. Box Number is Not Acceptable) 5600 NE 5th AVENUE City MIAMI FL Zip Code 33137		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	DPT PARDON, LEONARD 5724 N BAYSHORE DRIVE MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PARDON LEONARD 5600 NE 5th AVENUE MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, WILLIAM 278 NE 116TH ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHIRLEY PARDON 5600 NE 5th AVENUE MIAMI, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHARP, DAVID 5724 N BAYSHORE DRIVE MIAMI, FL 33137	<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 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:		SHIRLEY PARDON 4/16/07 305-758-5828			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	