

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90189 029 ***150.00

DOCUMENT # K88550

1. Entity Name
PARDON STUDIO, INC.



Principal Place of Business
2400 NE 2ND AVENUE
F
MIAMI, FL 33137 US

Mailing Address
5600 NE 5TH AVENUE
MIAMI, FL 33137 US

60033746



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0142818

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARDON, SHIRLEY
5600 NE 5TH AVENUE
MIAMI, FL 33137

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
PARDON, LEONARD
5600 NE 5TH AVENUE
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RODRIGUEZ, WILLIAM
278 NE 116TH ST
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
PARDON, SHIRLEY
5600 NE 5TH AVENUE
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

305-758-5828

Daytime Phone #