2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2005 8:00 am Secretary of State DOCUMENT # L94590 1. Entity Name 04-13-2005 90052 037 ***150 00 STUDIO LASER CASTING, INC. Principal Place of Business Mailing Address 735 5TH STREET 735 5TH STREET MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262005 CR2E034 (10/03) Cho-P 4. FEI Number Applied For City & State City & State 65-0211943 Not Applicable Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARIQUE M. DE LA NOVAL BITTON, MICHEL Street Andress (P.O. Box Number is Not Acceptable) 1194 NE 91ST ST MIAMI, FL 33138 CIMIAMI 33138-4122 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. 03/28/2005 Enrique M. de la Noval, President SIGNATURE (NOTE: Registered Agent signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 □. Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PS X Delete TITLE Change X Addition TITLE ENRIQUE M. DE LA NOVAL 930 N.E. 83RD STREET BITTON, MICHEL NAME STREET ADDRESS 1194 NW 91 ST SZERONA TERRITO CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33138-4122 MIAMI, FL 33138 VP m£ Delete TITLE ☐ Chance ■ Addition BITTON, GERARD NAME NAME STREET ADDRESS 346 HARBORY DRIVE STREET ADDRESS CITY-ST-78 KEY BISCAYNE, FL 33124 CITY-ST-ZIP RILE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change □ Addition NAME NAME STREET ACCRESS STREET ADDRESS COY-ST-7/P CHY-ST-7F ☐ Delete ☐ Change ☐ Addition IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-7IP TITLE ☐ Delete ΠDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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. ENRIQUE M. DE LA NOVAL 03/28/05 (305) 532-5911 de 6 Vh SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

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