


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M25281</b> 1. Entity Name <b>MARSHA MONTOYA ART STUDIOS INC.</b>	
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Principal Place of Business <b>224 SOUTHLAND ROAD PALM BEACH, FL 33480</b>	Mailing Address <b>224 SOUTHLAND ROAD PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2620614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MONTOYA, MARSHA E  
224 SOUTHLAND ROAD  
PALM BEACH, FL 33480**

**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 *Marsha E Montoya - President* DATE 1/30/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000619298 02/08/07-80066-007 158.75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTOYA, MARSHA E 224 SOUTHLAND RD PALM BEACH, FL 33480
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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: *Marsha E Montoya* DATE 1/30/07 DAYTIME PHONE # 561-845-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR