

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90425 007 ***150.00

DOCUMENT # P00000104729					
1. Entity Name ALEZONES STUDIO, INC.					
Principal Place of Business 8897 FONTAINEBLEAU BLVD. MIAMI, FL 33186			Mailing Address 8897 FONTAINEBLEAU BLVD. MIAMI, FL 33186		
2. Principal Place of Business 4441 W MCNAB RD Suite, Apt. #, etc. APT #13 City & State POMPANO BEACH Zip 33069 Country USA		3. Mailing Address 4441 W MCNAB RD Suite, Apt. #, etc. APT #13 City & State POMPANO BEACH Zip 33069 Country USA			
4. FEI Number 65-1053805				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALEZONES, ISAIAS J 8897 FONTAINEBLEAU #412 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: ALEZONES, ISAIAS J. Street Address (P.O. Box Number is Not Acceptable) 4441 W MCNAB RD #13 City: POMPANO BEACH FL Zip Code: 33069		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <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	PTSD ALEZONES, ISAIAS J 8897 FONTAINEBLEAU BLVD. #412 MIAMI, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4441 W MCNAB RD, #13 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARDENAS, ISADORA 8897 FONTAINEBLEAU BLVD. #412 MIAMI, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALEZONES, ISADORA 4441 W MCNAB RD, #13 POMPANO BEACH, FL 33069 <input checked="" 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 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.					
SIGNATURE: <i>Isaias J. Alezones</i>			ISAIAS J. ALEZONES 4/21/04 (954) 957-9693		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		