2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P00000104729

Entity Name: ALEZONES STUDIO, INC.

Current Principal Place of Business:

4441 W MCNAB RD.
APT. #13
POMPANO BEACH, FL 33069

New Principal Place of Business:

6659 NW 70TH AVENUE
TAMARAC, FL 33321

Current Mailing Address:

4441 W MCNAB RD.
APT. #13
POMPANO BEACH, FL 33069

New Mailing Address:

6659 NW 70TH AVENUE
TAMARAC, FL 33321

FEI Number: 65-1053805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEZONES, ISAIAS J
4441 W MCNAB RD.
#13
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

ALEZONES, ISAIAS J
6659 NW 70TH AVENUE
TAMARAC, FL 33321 US

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.

SIGNATURE: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: ALEZONES, ISAIAS J
Address: 4441 W MCNAB RD., #13
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD ( ) Delete
Name: CARDENAS, ISADORA
Address: 4441 W MCNAB RD., #13
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: ALEZONES, ISAIAS J
Address: 6659 NW 70TH AVENUE
City-St-Zip: TAMARAC, FL 33321

Title: VPD (X) Change ( ) Addition
Name: ALEZONES, ISADORA
Address: 6659 NW 70TH AVENUE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAIAS ALEZONES PTSD 04/29/2005
Electronic Signature of Signing Officer or Director — Date