

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105081

Entity Name: SPINESTUDIOS, INC.

FILED  
Mar 09, 2005  
Secretary of State

## Current Principal Place of Business:

671 ROCK HILL AVE  
DAVIE, FL 33325

## New Principal Place of Business:

8880 NW 20TH STREET  
SUITE A  
DORAL, FL 33172

## Current Mailing Address:

671 ROCK HILL AVE  
DAVIE, FL 33325

## New Mailing Address:

8880 NW 20TH STREET  
SUITE A  
DORAL, FL 33172

FEI Number: 65-1054357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, KEVIN M  
671 ROCK HILL AVENUE  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

SMITH, KEVIN M  
8880 NW 20TH STREET  
SUITE A  
DORAL, FL 33172 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:

03/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, KEVIN M  
Address: 671 ROCK HILL AVE  
City-St-Zip: DAVIE, FL 33325

Title: V ( ) Delete  
Name: BECKFORD, JOHANN T  
Address: 671 ROCK HILL AVE  
City-St-Zip: DAVIE, FL 33325

Title: ST ( ) Delete  
Name: LEON, EDUARDO  
Address: 671 ROCK HILL AVE  
City-St-Zip: DAVIE, FL 33325

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SMITH, KEVIN M  
Address: 8880 NW 20TH STREET STE. A  
City-St-Zip: DORAL, FL 33172

Title: V (X) Change ( ) Addition  
Name: BECKFORD, JOHANN T  
Address: 8880 NW 20TH STREET STE A  
City-St-Zip: DORAL, FL 33172

Title: ST (X) Change ( ) Addition  
Name: LEON, EDUARDO  
Address: 8880 NW 20TH STREET STE A  
City-St-Zip: DORAL, FL 33172

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: KEVIN M. SMITH

PD

03/09/2005

Electronic Signature of Signing Officer or Director

Date