

**2005 FOR PROEIL CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000011318**

1. Entity Name  
**ILLUMINATI STUDIOS INC.**



Principal Place of Business  
**355 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134**

Mailing Address  
**355 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1081578**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LEE, AARON  
905 NANDINA DRIVE  
WESTON, FL 33327**

**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

*Aaron Lee*  
Signature, typed or printed name of registered agent and title if applicable.

**AARON LEE, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**1/11/2005**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD  
LEE, AARON  
905 NANDINA DRIVE  
WESTON, FL 33327**

TITLE  
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CITY-ST-ZIP

**U000000203607  
01/29/05-80036-020 150.00**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Aaron Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AARON LEE, PRESIDENT**

DATE

**1/11/2005**

Daytime Phone #

**305-445-5850**