2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000075148

1. Entity Name
PARROT FISH STUDIO, INC.

FILED
06 MAY -4 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~5100 NW 108 PLACE~~ ~~MIAMI, FL 33178~~	~~5188 NW 108 PLACE~~ ~~MIAMI, FL 33178~~

04282006 / REIN-P / CR2E098 (11/05) 05-06

2. Principal Place of Business	3. Mailing Address
9441 SW 146 St.	9441 SW 146 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl.	City & State: Miami Fl.
Zip: 33176 Country:	Zip: 33176 Country:

4. FEI Number: 65-1128384 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BALLESTER, PEDRO R
6356 SW 151 PLACE
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name: Suzette Lopez
Street Address (P.O. Box Number is Not Acceptable): 9441 SW 146 Street
City: Miami FL Zip Code: 33176

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: [signature] 5/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LOPEZ, SUZETTE A ~~5188 NE 108 PLACE~~ ~~MIAMI, FL 33178~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9441 SW 146 St. Miami FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOPEZ, HUMBERTO ~~5188 NW 108TH PL~~ MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9441 SW 146 St. Miami, FL 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/5/10	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800074537588 05/15/06--01003--029 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #