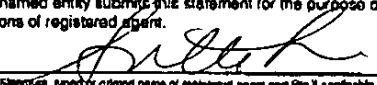
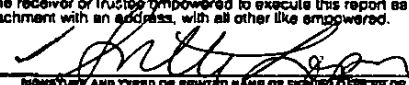


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000075148			
1. Entity Name PARROT FISH STUDIO, INC.			
Principal Place of Business 5188 NW 108 PLACE MIAMI, FL 33178		Mailing Address 5188 NW 108 PLACE MIAMI, FL 33178	
2. Principal Place of Business 9441 SW 146 St.		3. Mailing Address 9441 SW 146 St.	
Suits, Apt. #, etc.		Suits, 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:  DATE: 5/1/06 (NOTE: Registered Agent signature required when re-registering)			
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 ☐ Delete 5188 NW 108 PLACE MIAMI, FL 33178	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 ☐ Delete 5188 NW 108 PLACE MIAMI, FL 33178	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	☐ 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: 		4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

06 MAY -4 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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