

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000111005

1. Entity Name
FINALE STUDIOS, INC.



Principal Place of Business
**2125 BISCAYNE BLVD #215
MIAMI, FL 33137**

Mailing Address
**2125 BISCAYNE BLVD #215
MIAMI, FL 33137**



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PB&A FINANCIAL SERVICES CORP
13935 NW 1ST AVE
MIAMI, FL 33168**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GAJGA, MIHAI**
STREET ADDRESS **2125 BISCAYNE BLVD #215**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **S**
NAME **CATALDO, VALENZIO**
STREET ADDRESS **2125 BISCAYNE BLVD #215**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **VPT**
NAME **HONCZARENKO, TODD**
STREET ADDRESS **2125 BISCAYNE BLVD #215**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE
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CITY-ST-ZIP

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07/06/04-80002-020 150.00

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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)(i), 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]* **GAJGA MIHAI / Pres.** 7/02/04 3056889694
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #