2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 28, 2006 8:00 am Secretary of State **DOCUMENT # P02000093686** 03-28-2006 90119 001 ***150.00 1. Entity Name CITRICA STUDIO, INC Principal Place of Business Mailing Address 40040650 3618 SW 16 TERR #B 3618 SW 16 TERR #B MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address 401 See 22 Streat 1401 SW 55 Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 CR2E034 (11/05) Cha-P # 1006 4100P City & State City & State 4 FEI Number Applied For Miami 06-1645719 Not Applicable 33145 Country \$8.75 Additional 5. Certificate of Status Desired AZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORA, ESTEBAN 3618 SW 16 TERR #B Street Address (P.O. Box Number Is Not Acceptable) MIAMI, FL 33145 City Zip Code FL 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, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition MORA, ESTEBAN Mora, Esteban NAME NAME HOI SU 22 Street # 1006 STREET ADDRESS 3618 SW 16 TERR #B STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CUTY-ST-78P Miami, FL 33145 MLE **VD** ■ Defete TITLE ☐ Change ☐ Addition ΔV NAME JAILLIER, CATALINA NAME Lillier, centraling STREET ADDRESS 3618 SW 16 TERR #B STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

FILED

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