

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90152 004 ***150.00

DOCUMENT # P02000111557

1. Entity Name
STUDIO MACK INC.



Principal Place of Business
7360 CORAL WAY SUITE 21
MIAMI, FL 33155

Mailing Address
7360 CORAL WAY SUITE 21
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #
8720 S.W. 174 Street

3. Mailing Address
8720 S.W. 174 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALMETTO BAY, FL 33157

PALMETTO BAY, FL 33157

City & State

City & State

Zip

Country
USA

Zip

Country
USA

02262008

Chg-P

CR2E034 (12/06)

4. FEI Number

47-0896486

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORONADO, NESTOR
7360 CORAL WAY SUITE 21
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

MARCO LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

8720 S.W. 174 Street

City

PALMETTO BAY, FL

FL

Zip Code

33157

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 or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-30-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ, MARCO ☐ Delete
STREET ADDRESS 8720 SW 174TH STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE SD
NAME LINALE, MICHELLE ☐ Delete
STREET ADDRESS 8720 SW 174TH STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-30-08