

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90176 017 \*\*\*150.00

<b>DOCUMENT # P03000068809</b> 1. Entity Name <b>TREASURE COAST STUDIOS, INC.</b>					
Principal Place of Business <b>311 W INDIAN TOWN RD STE 1 JUPITER, FL 33453</b>			Mailing Address <b>311 W INDIAN TOWN RD STE 1 JUPITER, FL 33453</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>04292005 Chg-P CR2E034 (10/03)</b>				4. FEI Number <b>01-0788390</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAPITELLI, MARIA</b> <del>18420 LAKE BEND DR</del> <b>6367-3 Riverwalk Lane</b> <b>JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Maria Capiteli</i></u> (Address Change 4-28-05) <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required only) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>CAPITELLI, FRED</b> <del>18420 LAKE BEND DR</del> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAPITELLI, MARIA</b> <del>18420 LAKE BEND DR</del> <b>JUPITER, FL 33458</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>GAROFALO, JOSE</b> <b>1918 SE CARVALHO ST</b> <b>PORT ST LUCIE, FL 34983</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GAROFALO, EVA</b> <b>1918 SE CARVALHO ST</b> <b>PORT ST LUCIE, FL 34983</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Maria Capiteli</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-28-05</u> Daytime Phone #: <u>561-575-5313</u>			