1 of 2

~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 NOV -3 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # P03000073192

1. Entity Name: Robert Douglas Studios INC

Principal Place of Business: 250 Catalonia Ave #400, Coral Gables FLA. 33134

Mailing Address: Same

2. Principal Place of Business: 250 Catalonia Ave.
Suite, Apt. #, etc.: 400
City & State: Coral Gables - Florida
Zip: 33134
Country:

3. Mailing Address:
Suite, Apt. #, etc.:
City & State: Same
Zip:
Country:

05182004 Chg-P CR2E034 (10/03) MRD

4. FEI Number — [X] Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Dulce M. Samper.
3145 NW 18 St.
Miami FLA - 33125

7. Name and Address of New Registered Agent

Name: Adalberto Quesada
Street Address (P.O. Box Number is Not Acceptable): 250 Catalonia Ave #400
City: Coral Gables. FL Zip Code: 33134.

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 X [signature] DATE 11/2/04

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sec-Treasurer / Adalberto Quesada / 250 Catalonia Ave #400 / Coral Gables - FLA 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900042746369 11/15/04--01048--008 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 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 ed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 11/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

October 29,2004

Florida Dept of State
Division of Corporation
P O BOX 6327
Tallahassee Fl 32314

Re: Robert Douglas Studios Inc
250Catalonia Ave #400
Coral Gables Fl 33134

Document Number: P03000073192

To Whom It May Concern:

My name is Robert Quesada and I am the owner of the above corporation.
I never received the paperwork for me to pay. I kindly request abatement of penalties due to enforceable circumstances. Please change my address to the above

Thank you for your cooperation.

Sincerely Yours

Adalberto Quesada
President/100% Owner

Robertdouglasstudio004.doc