


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000095926	
1. Entity Name Edifice Studio, Inc	

FILED
08 JAN 25 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

2. Principal Place of Business 3900 NW 79 Ave Suite, Apt. #, etc. 459-B City & State Miami FL Zip 33166 Country US	3. Mailing Address 3900 NW 79 Ave Suite, Apt. #, etc. 459-B City & State Miami FL Zip 33166 Country US
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REINSTATEMENT 05-08
01172006 Chg-P CR25034 (11/05)

4. FEI Number 06-1711532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name Juan Jose Ramirez
	Street Address (P.O. Box Number is Not Acceptable) 11092 NW 44 Terr
	City Miami FL Zip Code 33178

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 **1/11/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pcebar Rosario <input checked="" type="checkbox"/> Delete 6754 NW 199 St Miami FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan Jose Ramirez <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11092 NW 44 Terr Miami FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE **1/11/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

~~#P03000095926~~

EDIFICE STUDIO, INC.
3900 NW 79 AVE
SUITE 459-B
MIAMI, FL 33166

January 11, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company Edifice Studio, Inc. with Document # P03000095926. Along with this letter you will find a check in the amount of \$600.00 and my Uniform Business Report for the years of 2005 - 2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Juan Jose Ramirez

ATTACHMENT

#P03000095926

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EDIFICE STUDIO, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000095926

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON REYES

(Name of Person)

(Name of Firm/Company)

5035 PALM AVE

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

RAMON REYES

(Name of Person)

at (305) 822-0669

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314