2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P03000102742

Entity Name: CS STUDIOS AND SERVICES, CORP.

Current Principal Place of Business:

4334 NW 9TH AVE.
BLD. 9 APT. 2H
POMPANO BEACH, FL 33064

New Principal Place of Business:

2353 SADMET LN
NORTH PORT, FL 34286

Current Mailing Address:

4334 NW 9TH AVE.
BLD. 9 APT. 2H
POMPANO BEACH, FL 33064

New Mailing Address:

2353 SADMET LN
NORTH PORT, FL 34286

FEI Number: 20-0239005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTOS, CATIA
4334 NW 9TH AVE.
BLD. 9 APT. 2H
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

SANTOS, CATIA
2353 SADMET LN
NORTH PORT, FL 34286 US

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.

SIGNATURE: CATIA SANTOS 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANTOS, CATIA
Address: 4334 NW 9TH AVE. BLD. 9 APT. 2H
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete
Name: SANTOS, FERNANDO
Address: 4334 NW 9TH AVE. BLD. 9 APT. 2H
City-St-Zip: POMPANO BEACH, FL 33064

Title: STD ( ) Delete
Name: DA COSTA, CASSIANA
Address: 370 SE 2ND AVE G-2
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANTOS, CATIA
Address: 2353 SADMET LN
City-St-Zip: NORTH PORT, FL 34286

Title: VD (X) Change ( ) Addition
Name: SANTOS, FERNANDO
Address: 2353 SADMET LN
City-St-Zip: NORTH PORT, FL 34286

Title: STD (X) Change ( ) Addition
Name: COSTA, CASSIANA
Address: 370 SE 2ND AVE G-2
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATIA SANTOS P 04/18/2005
Electronic Signature of Signing Officer or Director Date