2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000066958

Entity Name
 V ARC STUDIO, INC.



Principal Place of Business

6800 SW 40 STREET

SUITE 155 MIAMI, FL 33155 US Mailing Address

6800 SW 40 STREET Suite 155

MIAMI, FL 33155 U

FILED May 05, 2006 8:00 am Secretary of State

05-05-2006 90166 001 ***150.00



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1313133

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALCARCEL, GEORGE R.A. ().() 6800 SW 40 STREET SUITE 155 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS		<u></u> !.	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP VALCARCEL, GEORGE R.A. 6800 SW 40 STREET MIAMI, FL 33155					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S VALCARCEL, DELIA M 6800 SW 40 STREET MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
. TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 period 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 truefee 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:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/27/0

305 546-1327