

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083913

Entity Name: THE PARTY STUDIO, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

1849 N.E. MIAMI GARDENS DRIVE
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

17290 NE 19TH AVE
N MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 03-0542658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMAN, MARTIN H
17290 NE 19TH AVE
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ZUCKERMAN, SHELLIE
Address: 19390 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ZUCKERMAN, SHELLIE
Address: 19390 COLLINS AVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DS () Change (X) Addition
Name: WOHL, JOYCE D
Address: 1849 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHELLIE ZUCKERMAN

PRES

04/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date