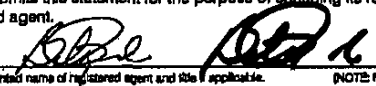
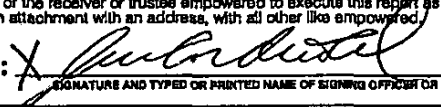


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL 21 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000097760					
1. Entity Name ACC STUDIO SOUTH BEACH, INC.					
Principal Place of Business 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131			Mailing Address 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131		
2. Principal Place of Business 200 S. Biscayne Blvd.			3. Mailing Address 200 S. Biscayne Blvd.		
Suite, Apt. #, etc. Suite 4000			Suite, Apt. #, etc. Suite 4000		
City & State Miami, FL			City & State Miami, FL		
Zip 33131		Country USA		4. FEI Number 20-1428236	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ACC (U.S.A.) INSURANCE BROKERS, INC. 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131			7. Name and Address of New Registered Agent Corporate International Registered Agents Inc. 200 S. Biscayne Blvd., Suite 4000 Miami, FL 33131		
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: _____					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASAL, ALIC 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, VALENTINA 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057711064 07/20/05--01034--007 **\$550.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, VALERIA 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDERO, VICTORIA 1101 BRICKELL AVE., STE. #402 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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)(f), 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: 7/18/05 Daytime Phone # _____		