2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

if changed, or on an attachi

SIGNATURE:

## Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P04000101680 1. Entity Name 04-11-2006 90113 028 \*\*\*158.75 SIREN STUDIOS, INC. Principal Place of Business Mailing Address 226 SIDONIA AVENUE #1 CORAL GABLES FL 33134 226 SIDONIA AVENUE #1 CORAL GABLES FL 33134 e, Apt. #, etc. 1st MOORE CR2E034 (10/05) our, 4. FEI Number Applied For 02-0672234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERRANO, AMESIL 226 SIDONIA AVENUE CORAL GABLES FL 33134 8. The above named entity subis 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 registr SIGNATURE Signature, typed o of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstative) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/PHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE TITLE ☐ Delete Addition NAME SERRANO, AMY NAME 226 SIDONIA AVENUE #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL CABLES FL-99194 CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail 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 of trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

with all other like empor

D OR PRINTED NAME OF SIGNING OFFICER OF

**FILED**