2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 07, 2006 08:00 AM **Secretary of State**

1. Entity Name

THE SCENIC WORKSHOP, INC.



Principal Place of Business

7125 BONITA DR.

#205 MIAMI BCH, FL 33141 Mailing Address

7125 BONITA DR.

#205 MIAMI BCH, FL 33141



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1581744 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARENGO, DEREK 7125 BONITA DR. #205

MIAMI BCH, FL 33141

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6.	The above named en	ntity submits this s	ratement for the ou	roose of changing	its registered office	or registered agent	or both, in the State	of Florida.	i am familiar with, an	d accept
	the obligations of reg			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

SIGNATURE.

Signature, typed or printed name of registi

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Election Campaign Financing Trust Fund Cantribution.

\$5.00 May Be Added to Fees

MARENGO, DEREK STREET ADDRESS 7125 BONITA DR. #205 U00000496008 04/21/06-80033-019 **150.00** CITY-SI-ZIP MIAMI BCH, FL 33141

STREET ADDRESS CITY-ST-ZIP

10.

TITLE

NAME

SISLE NAME

NAME STREET ADDRESS CITY-ST-ZIP

DILE NAME STREET ADDRESS CITY-ST-ZIP

DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME 12 mg. STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this fifing does not qualify for the exemptions contained 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 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 employeed to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11 fit charged, or on an attachment with an address, with all other like employeed.

SIGNATURE:

NTEO NAME OF SIGNING OFFICER OR DIRECTOR