

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000143475

1. Entity Name
STUDIO BANQUET HALL, INC.



**FILED
Aug 01, 2005 8:00 am
Secretary of State**

08-01-2005 90029 014 ***150.00

50059013



07152005	Chg-P	CR2E034 (10/03)		
<i>20-3082637</i>		Applied For Not Applicable		
Zip	Country	Zip	Country	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUDAYER, MILDRED
11305 SW 102ND CT.
MIAMI, FL 33176

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUDAYER, MILDRED 11305 SW 102ND CT. MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mildred Houdayer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-05 (305) 525-9844
Date Daytime Phone #

ATTACHMENT
S0059013

June 30, 2005

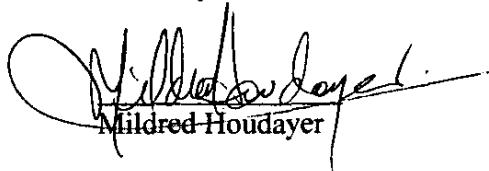
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Studio Banquet Hall, Inc
P04000143475
Annual report

Dear Representative:

I never Received my Annual Report and recently received a postcard, I want to complied with the Law please accept \$150.00 for Processing Fee, I open my corporation in October 2004 and Recently I received My FEN 20-3082637. If you have any question please don't hesitate to call me at (786)236-5133.

Sincerely,



Mildred Houdayer

ATTACHMENT
50059013



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 15, 2005

STUDIO BANQUET HALL, INC.
11305 SW 102ND CT.
MIAMI, FL 33176

SUBJECT: STUDIO BANQUET HALL, INC.
Ref. Number: P04000143475

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 705A00046736