

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000002338

1. Entity Name  
WYTCH WOOD STUDIO, INC.



Principal Place of Business  
2029 HARRISON ST.  
4  
HOLLYWOOD, FL 33020

Mailing Address  
17900 NORTH BAY ROAD, SUITE 503  
SUNNY ISLES, FL 33160

NOTE: BUSINESS WILL CLOSE  
EFFECTIVE 5-26-07  
FILED  
Apr 25, 2007 08:00 A  
CHANGE MAILING ADDRESS  
Secretary of State  
17900 NORTH BAY RD.  
#503  
SUNNY ISLES, FL.  
33160



02042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
55-0889048

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DELGADO, DONNA M ESQ.  
1031 IVES DAIRY ROAD, SUITE 228  
NORTH MIAMI BEACH, FL 33179

**DO NOT WRITE  
IN THIS SPACE**

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 renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDTS  
BOGNER, PHILLIS  
17900 NORTH BAY ROAD, SUITE 503  
SUNNY ISLES, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1000000731366  
05/09/07-80002-009 150.00

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-07 305-792-7605