## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2006 8:00 am Secretary of State

DOCUMENT # P05000139623  1. Entity Name SAN 7 STUDIOS, INC.							03-28-2006	90108 0	33 ***15	0.00
Principal Place of Business 520 N.E. 129 STREET MIAMI, FL 33161			Mailing Address 520 N.E. 129 STR MIAMI, FL 33161	520 N.E. 129 STREET		,				
Principal Place of Business 3			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03162006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State			4. FEI Number	3i5300		<del>, , , , , , , , , , , , , , , , , , , </del>	plied For t Applicable
Zip	ip Country		Zip	Zip Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					T	7. Name and	Address of New R	legistered A	gent	
					Name					
SAMUEL, MATHEW T 520 N.E. 129 STREET					Street Addres	ss (P.O. Box Number	is Not Acceptable	9)		
MIAMI, FL	33161									
ų.					City	City FL Zip Code				
	named entity ions of regist		for the purpose of changir	ng its register	ed office or regis	stered agent, or both	, in the State of Fk	orida. Tam f	amiliar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered age	ent and title if applicable,	(NC)TE: Registere	d Ageni signature reci	urred when reinstating)		DATE.		
		FEE IS \$150.00 6 Fee will be \$550	9. Election Ca	mpaign Finar Contribution,	~ 7	\$5.00 May Be Added to Fees				
		6 Fee will be \$550	T			Added to Fees ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After M		6 Fee will be \$550	).00 Trust Fund	Contribution.		Added to Fees  ADDITIONS/C	Ī .	ICERS AND	DIRECTORS  Change	S IN 11
After M	VP SAMUEL,	OFFICERS AN STEPHANIE	D.00 Trust Fund ID DIRECTORS	Contribution.  11.  ITL  NAM	E S	Added to Fees  ADDITIONS/C PRESIDENT AMUEL, ST	ephanie	ICERS AND		
After M:  10.  TITLE  NAME  STREET ADDRESS	VP SAMUEL, 520 NE 12	OFFICERS AN STEPHANIE 29 ST	D.00 Trust Fund ID DIRECTORS	Contribution.  11.  IIIL  NAN  STAI	E P S SEEI ADDRESS 5	Added to Fees  ADDITIONS/C PRESIDENT AMUEL, ST 520 NE 12	ephanie 9th st.	ICERS AND		
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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

Mathew

Samuel

3/16/06

786.385.3970