2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# P06000048024

Entity Name: ACTOR'S WORKSHOP, INC.

Current Principal Place of Business:

8491 NW 17 STREET
SUITE 101
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

8491 NW 17 STREET
SUITE 101
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 20-4629865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARINAS & ASSOCIATES, INC.
5701 NW 36 ST
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIDAL, RODRIGO
Address: 8491 NW 17 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33126 US

Title: SEC ( ) Delete
Name: HERNANDEZ, ERICA
Address: 8491 NW 17 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33126 US

Title: TREA ( ) Delete
Name: HERNANDEZ, PEDRO
Address: 8491 NW 17 ST, SUITE 101
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MORAN, MICHELLE
Address: 8491 NW 17 ST, SUITE 101
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODRIGO VIDAL P 04/07/2008

Electronic Signature of Signing Officer or Director — Date