


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90181 044 \*\*\*150.00

<b>DOCUMENT # P06000085217</b> 1. Entity Name STUDIO 45 INC.	
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Principal Place of Business 4545 NW 7 ST. MIAMI, FL 33126	Mailing Address 4545 NW 7 ST. MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5157261	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  PINEDA, MIRTHA 4545 NW 7 ST. MIAMI, FL 33126
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**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: Mirtha Pineda (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEDA, MIRTHA 4545 NW 7 ST. MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**

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: Mirtha Pineda SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_