2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90002 002 ***150.00

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07312008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000034313

1. Entity Name
LMA STUDIO INC.

Principal Place of Business	Mailing Address
15902 SORAWATER DR LITHIA FL 33547	15902 SORAWATER DR LITHIA FL 33547

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6107 Churchside Dr.	6107 Churchside Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lithia, FL	City & State: Lithia, FL
Zip: 33547 Country:	Zip: 33547 Country:

4. FEI Number: 208665571 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALMEIDA, LEAH M 15902 SORAWATER DR LITHIA, FL 33547	Name: Almeida, Leah M Street Address (P.O. Box Number is Not Acceptable): 6107 Churchside Dr. City: Lithia FL Zip Code: 33547

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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	P ALMEIDA, LEAH M 15902 SORAWATER DR LITHIA, FL 33547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Almeida, Leah M 6107 Churchside Dr. Lithia, FL 33547	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Leah Almeida 7-31-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #