

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-14-2008 90017 050 ***150.00

DOCUMENT # P07000038364

1. Entity Name
EXPO STUDIOS, INC.



Principal Place of Business
318 SW PANTHER TRACE
PORT SAINT LUCIE, 34953

Mailing Address
318 SW PANTHER TRACE
PORT SAINT LUCIE, 34953

66009667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

32-0199823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIZZOLO, JAMES
1958 SE PORT SAINT LUCIE BLVD.
PORT SAINT LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name
SAMUEL MALO

Street Address (P.O. Box Number is Not Acceptable)

218 SW PANTHER TRACE

City PORT ST. LUCIE

FL

Zip Code
34953

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/11/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
P
MALO, SAMUEL
318 SW PANTHER TRACE
PORT SAINT LUCIE, FL 34953

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/08 712-785-7555

Daytime Phone