2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046181

TEMPLE TERRACE, FL 33637

QUEVEDO, CATHERINE

(X) Delete

8212 FISHERMAN'S POINT DRIVE

TEMPLE TERRACE, FL 33637

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Apr 22, 2008 Secretary of State

Entity Name: VISUAL EDGE STUDIO, INC. **Current Principal Place of Business: New Principal Place of Business:** 8212 FISHERMAN'S POINT DRIVE 9541 TOWANDA LANE TEMPLE TERRACE, FL 33637 PORT RICHEY, FL 34668 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 290765 9541 TOWANDA LANE TAMPA, FL 33687 PORT RICHEY, FL 34668 FEI Number: 20-8888969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PSTD** (X) Change () Addition JARAMILLO, CLAUDIA L JARAMILLO, CLAUDIA L Name: Name: 8212 FISHERMAN'S POINT DRIVE 9541 TOWANDA LANE Address: Address: City-St-Zip: TEMPLE TERRACE, FL 33637 City-St-Zip: PORT RICHEY, FL 34668 Title: Title: () Delete (X) Change () Addition MORA, YOSEMY Name: Name: MORA, YOSEMY 8212 FISHERMAN'S POINT DRIVE 9541 TOWANDA LANE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PORT RICHEY, FL 34668

() Change () Addition

Ρ SIGNATURE: CLAUDIA JARAMILLO 04/22/2008