


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90013 007 \*\*\*150.00

<b>DOCUMENT # P07000084975</b>	
1. Entity Name <b>4D BABY'S EXPRESSION STUDIO, INC.</b>	

Principal Place of Business <b>3711 NE 16 ST HOMESTEAD, FL 33033</b>	Mailing Address <b>3711 NE 16 ST HOMESTEAD, FL 33033</b>
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2. Principal Place of Business - No P.O. Box # <b>8660 W Flagler St</b>	3. Mailing Address <b>8660 W Flagler St</b>
Suite, Apt., #, etc. <b>Suite 110</b>	Suite, Apt., #, etc. <b>Suite 110</b>
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33144</b>	Zip <b>33144</b>
Country <b>USA</b>	Country <b>USA</b>



02182008 Chg-P CR2E034 (12/06)

4. FEI Number  
**26-0615090**

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

6. Name and Address of Current Registered Agent

**PELLRANO, ANTHONY**  
**3711 NE 16 ST**  
**HOMESTEAD, FL 33033**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

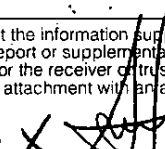
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	<b>DP PELLERANO, NEICY 3711 NE 16 ST HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PELLERANO, ANTHONY 3711 NE 16 ST HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **PELLERANO, ANTHONY**

**2/18/08**

Date Daytime Phone #