

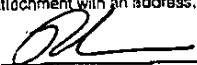
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RICHARD L K

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90167 002 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P94000006268			
1. Entity Name APOLLO LIGHTING STUDIO, INC.			
Principal Place of Business 1635 S. MIAMI RD. SUITE 4 FT. LAUDERDALE, FL 33316		Mailing Address 1635 S. MIAMI RD. SUITE 4 FT. LAUDERDALE, FL 33316	
2. Principal Place of Business 2860 W. STATE RD 84 Suite, Apt. #, etc. #114		3. Mailing Address 2860 W. STATE RD 84 Suite, Apt. #, etc. #114	
City & State FT LAUDERDALE		City & State FT LAUDERDALE	
Zip 33312		Country USA	
Zip 33312		Country USA	
4. FEI Number 65-0471478		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAUSE, RONALD L 2011 NE 52ND CT. FT. LAUDERDALE, FL 33308		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 _____ DATE _____ Signature of type or printed name of registered agent and who is applicable. (Not Registered Agent signature required with filing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, RONALD L 2011 NE 52ND CT. FT. LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 as an attachment with an address, with all other like empowered.			
SIGNATURE:  RON KRAUSE		4/24/06 954-375-0100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40065499



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