

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2008 90035 015 ***150.00

DOCUMENT # P96000070241					
1. Entity Name JUDITH ART STUDIOS, INC.					
Principal Place of Business 3711 NW 7TH ST CENTRAL SHOPPING PLAZA MIAMI, FL 33126			Mailing Address 3711 NW 7TH ST CENTRAL SHOPPING PLAZA MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 14718 SW 84 Terrace		3. Mailing Address 14718 SW 84 Terrace			
Suite, Apt. #, etc.		Suite, Apt. # etc.			
City & State MIAMI FL		City & State Miami FL		4. FEI Number 65-0692595	
Zip 33193		Country Dade		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ACOSTA, JUDITH 3711 NW 7TH ST CENTRAL SHOPPING PLAZA MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: JUDITH ACOSTA Street Address (P.O. Box Number is Not Acceptable): 14718 SW 84 Terrace City: Miami State: FL Zip Code: 33193		
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: <i>Judith Acosta</i> DATE: 4/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSTD ACOSTA, JUDITH R 3711 NW 7TH ST 14718 SW 84 Terrace MIAMI, FL 33126 MIAMI FL 33193		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA JUDITH R. 14718 SW 84 Terrace MIAMI FL 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 supplementary 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: <i>J Acosta</i>			Date: 4/2/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		