2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jan 27, 2005 08:00 AM DOCUMENT # P97000033503 **Secretary of State** 1. Entity Name HIERRO STUDIOS, INC. Principal Place of Business Mailing Address 2052 IMPERIAL CIRCLE NAPLES FL 34110 2052 IMPERIAL CIRCLE NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3440720 Not Applicable Country Zip Country Zφ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIERRO, GREGORY Street Address (P.O. Box Number is Not Acceptable) 2052 IMPERIAL CIRCLE NAPLES FL 34110 City 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 Signature, typed or printed name of registered agent and ritle if applicable (NOTE Registered Agent signature required when re-installing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE D ыня Change Addition ☐ Delete HIERRO, GREGORY NAME STREET ADDRESS STREET ADDRESS 2052 IMPERIAL CIR NAPLES FL 34110 CITY ST-702 CITY - ST - ZIP ☐ Change TITLE ☐ Delete THE ☐ Addition 1000000198817 HIERRO, CLAUDIA B NAME 01/27/05-80064-014 150.00 STREET ADDRESS 2052 IMPERIAL CIR STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CATY - 51 - ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete HITE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SE-ZE CITY-ST-ZIP TITLE Delete T-TLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ultr-SI-ZIP THU Change Addition DUE ☐ Delete NAME NAME SURFFIT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and appurate 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.

FILED