2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-08-2006 90288 045 ***150.00

DOCUMENT # P98000045168

1. Entity Name
PLATA IMAGE STUDIO, INC.

66019102

Principal Place of Business	Mailing Address
8087 S DIXIE HWY MIAMI, FL 33143	8087 S DIXIE HWY MIAMI, FL 33143

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4940 LE JEUNE RD	4940 LE JEUNE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gablez FL	City & State: CORAL GABLES FL
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 65-0837016 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PLATA, DARIO 16022 SW 103 CT MIAMI, FL 33157	Name: Dario Plata Street Address (P.O. Box Number is Not Acceptable): 4940 LE JEUNE ROAD City: MIAMI FL Zip Code 33146

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 X ________ X ________ X ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD PLATA, DARIO 16022 SW 103 CT MIAMI, FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLATA, HORACIO 16022 SW 103 CT MIAMI, FL 33157	☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ________ JUNE 14 2006 PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #