

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000045168

1. Entity Name  
PLATA IMAGE STUDIO, INC.



Principal Place of Business  
4940 LE JEUNE RD  
CORAL GABLES, FL 33146

Mailing Address  
4940 LE JEUNE RD  
CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0837016	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PLATA, DARIO  
4940 LE JEUNE RD  
MIAMI, FL 33146

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	PD PLATA, DARIO 16022 SW 103 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PLATA, HORACIO 16022 SW 103 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000755990  
05/23/07-80010-021 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29 2007

Date

Daytime Phone #