

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90012 005 \*\*\*150.00

DOCUMENT # P99000029542

1. Entity Name

MR STUDIO, INC.



Principal Place of Business

149 N.W. 36TH STREET  
MIAMI FL 33127

Mailing Address

149 N.W. 36TH STREET  
MIAMI FL 33127



2. Principal Place of Business - No P.O. Box #

144 N.W. 37th ST

Suite, Apt. #, etc.

3. Mailing Address

144 N.W. 37th ST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0907442

Applied For

Not Applicable

Zip

33127

Country

Zip

33127

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSKAMS, MARK  
149 N.W. 36TH STREET  
MIAMI FL 33127

144 N.W. 37th ST

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

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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  
ROSKAMS, MARK  
149 N.W. 36TH STREET  
MIAMI FL 33127

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/8/08

Date

655732298

Daytime Phone #