
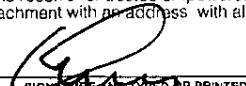


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00**  
**Secretary of State**

<b>DOCUMENT # S06755</b>							
1. Entry Name <b>GREENWICH STUDIO, INC.</b>							
Principal Place of Business <b>12100 NE 16TH AVE. NORTH MIAMI, FL 33161</b>			Mailing Address <b>12100 NE 16TH AVE. NORTH MIAMI, FL 33161</b>				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		04202007 Chg-P CR2E034 (12/06)			
Zip		Country		4. FEI Number <b>65-0222683</b> Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>REINHARD, SANFORD N. 2875 N.E. 191 STREET SUITE 404 NORTH MIAMI BEACH, FL 33180</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>SYLVAN ADAMS</b>	NAME					
STREET ADDRESS	<b>4141 RUE SHERBROOUE OVEST-STE. 400</b>	STREET ADDRESS	<b>U00000762381</b>				
CITY-ST-ZIP	<b>MONTREAL, QUEBEC.</b>	CITY-ST-ZIP	<b>05/29/07-80004-013 150.00</b>				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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NAME		NAME					
STREET 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 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: 		<b>SYLVAN ADAMS</b>		Date: <b>5/1/07</b> Daytime Phone #: <b>514/931-7261</b>			