JUUINILINI THE LEGICAL 1. Entity Name VIRGINIA HOFFMAN STUDIO INC



FILED Feb 27, 2006 08:00 AM

VIIVOIIVE	ettor ruma o robio, mo.			Secretary	of State	
Principal Place of Business Mailing Address 2225 SIXTH ST. P.O. BOX 2712 SARASOTA, FL 34237 SARASOTA, FL 34230-271			12			
				02222006 No Chg-P	CR2E034 (11/05)	
	OO NOT WRITE	IN THIS SP	ACE	4. FEI Number 59-3059725	{Appli Not A \$8.75 Addition	
	6. Name and Address of Current F	Popletovori Ament		5. Certificate of Status Desired	Fee Required	
2582 HAV	N, MELVIN J. VTHORNE ST FA, FL 34239			DO NOT WRITE IN THIS SPACE		
the obligation of the obligati	e named entity submits this statement for store of registered agent. Signature, typed or printed name of registered agent at the statement of	ndtile l'epplicable. (NOTE: Re;	gistered Agent cignature require		orida. I am familiar with, an	
10.	OFFICERS AND I	DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PRES HOFFMAN, VIRGINIA P.O. BOX 2712 N/A SARASOTA, FL 34230			HUHUU04582 (3.433736-8008	30 4-015 150.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN THIS SI		
NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this fitting does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information on this report or supplemental report is true and accurate and final my signature shall have the same legal effect as if made under oath; that I am an officer or 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 fine changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ME VIRGINIA HOFFINEW

122/06

941-365-746 Daytima Filora 8