

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69433

FILED
Apr 17, 2009
Secretary of State

Entity Name: STUDIO 23 ANORANZAS, INC.

Current Principal Place of Business:

1436 SEMORAN BLVD SUITE 1064
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1436 SR 436 BLVD SUITE 1064
CASSELBERRY, FL 32707 US

Current Mailing Address:

1436 SEMORAN BLVD SUITE 1064
CASSELBERRY, FL 32707 US

New Mailing Address:

1436 SR 436 BLVD SUITE 1064
CASSELBERRY, FL 32707 US

FEI Number: 65-0279042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALARCON, HECTOR
1436 SEMORAN BLVD SUITE 1064
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ALARCON, HECTOR
1436 SR 436 BLVD SUITE 1064
CASSELBERRY, FL 32707 US

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.

SIGNATURE: HECTOR ALARCON

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: ALARCON, HECTOR
Address: 1436 SEMORAN BLVD SUITE 1064
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: ALARCON, HECTOR
Address: 1436 SR 436 BLVD SUITE 1064
City-St-Zip: CASSELBERRY, FL 32707

Title: VCP () Change (X) Addition
Name: SALAZAR, MARGARITA M
Address: 617 GEORGETOWN DR
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR ALARCON

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date