


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 043 ***150.00

| | |
|---|---|
| DOCUMENT # V45425 1. Entity Name HOT SHOTS STUDIO, INC. |  |
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| Principal Place of Business 347 MIRACLE MILE MIAMI, FL 33134-5819 | Mailing Address 347 MIRACLE MILE MIAMI, FL 33134-5819 |
|---|---|

94050458



02052004 No Chg-P CR2E034 (10/03)

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|-----------------------------|--|
| 4. FEI Number 65-0343260 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent VILLEGAS, ROBERTO 14243 NW 22 Street Pembroke Pines 33028 |
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 VILLEGAS, ROBERTO 14243 NW 22 Street Pembroke Pines 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD VILLEGAS, LEONOR 14243 NW 22 Street Pembroke Pines 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD VILLEGAS, EDGAR 1910 NW 91 TR Pembroke Pines 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edgar H. Villegas 14-9-04 305-445-5859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #