



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90116 025 \*\*\*150.00

<b>DOCUMENT # V45425</b> 1. Entity Name HOT SHOTS STUDIO, INC.					
Principal Place of Business 347 MIRACLE MILE MIAMI, FL 33134-5819			Mailing Address 347 MIRACLE MILE MIAMI, FL 33134-5819		
2. Principal Place of Business <b>152 NW 57 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>152 NW 57 AVE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b> Zip <b>33126</b>		City & State <b>MIAMI FL</b> Zip <b>33126</b>		4. FEI Number <b>65-0343260</b>	
Country <b>DADE</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  VILLEGAS, ROBERTO 15631 SW 51ST TERRACE MIAMI, FL 33185			7. Name and Address of New Registered Agent 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</b> <b>After May 1, 2006 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		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VILLEGAS, ROBERTO 15631 SW 51ST TERRACE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VILLEGAS, LEONOR 15631 SW 51ST TERRACE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD VILLEGAS, EDGAR 15631 SW 51ST TERRACE MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	--		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	--		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	--		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	--		<input type="checkbox"/> Delete		
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 			X <b>3-3-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		