

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 049 ***150.00

DOCUMENT # V67735

1. Entity Name

DAVIDOFF STUDIOS, INC.



Principal Place of Business

223 SUNSET AVENUE
250
PALM BEACH FL 33480

Mailing Address

223 SUNSET AVENUE
250
PALM BEACH FL 33480



2. Principal Place of Business

324 Royal Palm Way

Suite, Apt. #, etc.

220
Palm Beach, FL

Zip
33480

Country
USA

3. Mailing Address

324 Royal Palm Way

Suite, Apt. #, etc.

220
Palm Beach, FL

Zip
33480

Country
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0362108

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDOFF, SARA
223 SUNSET AVENUE
SUITE 250
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Sara Davidoff

Street Address (P.O. Box Number is Not Acceptable)

324 Royal Palm Way

City

Ste 220
Palm Beach, FL

FL

Zip 33480

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 SARA DAVIDOFF, PRES.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME DAVIDOFF, SARA
STREET ADDRESS 203 SUNSET AVE STE 250
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

361 655-1164

Date

Daytime Phone #