


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90260 010 ***150.00

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| DOCUMENT # P02000036596 |  |
| 1. Entity Name STUDIO CARIDAD INC. | |

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| Principal Place of Business 113 NE 2ND AVE. DEERFIELD BEACH, FL 33441 | Mailing Address 7770 KENWAY PLACE BOCA RATON, FL 33433 |
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| 2. Principal Place of Business | 3. Mailing Address 22025 FLANDERS CT. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State BOCA RATON |
| Zip | Country |
| Zip FL 33428 | Country |



01102006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 42-1583693 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ENES-SCHAEFFER, CARIDAD 7770 KENWAY PLACE BOCA RATON, FL 33433 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 22025 FLANDERS CT BOCA RATON FL Zip Code 33428 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ENES-SCHAEFFER, CARIDAD 7770 KENWAY PL. BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22025 FLANDERS CT BOCA RATON FL 33428 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Caridad Enes-Schaeffer*