


**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91064 008 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

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



Principal Place of Business  
**7780 KENWAY PLACE  
 BOCA RATON FL 33433**

Mailing Address  
**7780 KENWAY PLACE  
 BOCA RATON FL 33433**

**55040743**

2. Principal Place of Business  
**113 NE 2 AVE**

3. Mailing Address  
**7770 KENWAY PL**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**DEERFIELD BEACH FL**

City & State  
**BOCA RATON FL**

4. FEI Number  
**42-1583693**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip  
**33441**

Country  
**USA**

Zip  
**33433**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**ENES-SCHAEFFER, CARIDAD  
 7780 KENWAY PLACE  
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent  
 Name  
**ENES-SCHAEFFER-CARIDAD**

Street Address (P.O. Box Number is Not Acceptable)  
**7770 KENWAY PL**

City  
**BOCA RATON**

State  
**FL**

Zip  
**33433**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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 NAME STREET ADDRESS CITY-ST-ZIP	<i>President + all officers Caridad Enes-Schaeffer 7770 KENWAY PL Boca Raton FL 33433</i>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Caridad Enes-Schaeffer* **4/16/03** **561 245 1244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)