2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# P02000066205

Entity Name: STUDIO BOTTERO, CORP.

Current Principal Place of Business:

5700 COLLINS AVE STE 5-J
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

16300 NE 19 AVE
STE C
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 02-0616757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOTTERO, ALICIA X
5700 COLLINS AVE STE 5-J
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

TOIBERMAN, ALICIA
5700 COLLINS AVE STE 5-J
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: ALICIA TOIBERMAN 01/03/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOTTERO, ALICIA X
Address: 5700 COLLINS AVE #4K
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD ( ) Delete
Name: WOWE, BARBARA
Address: 5700 COLLINS AVE #4K
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete
Name: WOWE, VANESSA
Address: 5700 COLLINS AVE #4K
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD ( ) Delete
Name: BOTERO, DANIEL
Address: 5700 COLLINS AVE STE 5-J
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TOIBERMAN, ALICIA
Address: 5700 COLLINS AVE STE 5-J
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change ( ) Addition
Name: WOWE, BARBARA
Address: 5757 COLLINS AVE #401
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD (X) Change ( ) Addition
Name: WOWE, VANESSA
Address: 5757 COLLINS AVE #401
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change ( ) Addition
Name: MARTINEZ, FRANCISCO
Address: 5700 COLLINS AVE STE 5-J
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA TOIBERMAN PD 01/03/2006
Electronic Signature of Signing Officer or Director Date