

FILED
Jan 29, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000102847

1. Entity Name
 CLAUDIA'S STUDIOS, INC

Principal Place of Business
 3455 NORTH EAST 12TH TERRACE
 STE # 15
 OAKLAND PARK, FL 33334

Mailing Address
 3455 NORTH EAST 12TH TERRACE
 STE # 15
 OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E004 (10/03)

4. FEI Number
 33-1028914

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CONTY, CLAUDIA
 3455 NORTH EAST 12TH TERRACE
 STE #5
 OAKLAND PARK, FL 33334

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 IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and date if applicable NOTE: Registered Agent signature required when refiled DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CONTY, CLAUDIA
STREET ADDRESS	3455 NORTH EAST 12TH TERRACE STE 15
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	VP
NAME	ACEVEDO, RICARDO
STREET ADDRESS	3455 NORTH EAST 12TH TERRACE STE 15
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(b), 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 approvals.

SIGNATURE: *Claudia M. Cony*

Signature and typed or printed name of registered agent or director

Date _____
 Daytime Phone # _____