2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000044805

1. Entity Name
STUD SOLIMAR, INC.

Principal Place of Business	Mailing Address
541 GOLDEN HARBOUR DR BOCA RATON, FL 33432	541 GOLDEN HARBOUR DR BOCA RATON, FL 33432

05282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0518203
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JORGE AMEGLIO
541 GOLDEN HARBOUR DR
BOCA RATON, FL 33432

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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 _____ 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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	JORGE AMEGLIO
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	KRISNA KARINA AMEGLIO
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DVP
NAME	PATENTEAU, FABIOLA
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	T
NAME	DORATI, SOLMORAINE
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S
NAME	AMEGLIO, MONICA
STREET ADDRESS	541 GOLDEN HARBOUR DR
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/01/04-80003-013 150.00

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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: _____ x Jun 1 '04 x 561-3383284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #