


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90055 003 \*\*\*150.00

<b>DOCUMENT # P94000044805</b> 1. Entity Name <b>STUD SOLIMAR, INC.</b>					
Principal Place of Business <b>541 GOLDEN HARBOUR DR BOCA RATON, FL 33432</b>			Mailing Address <b>541 GOLDEN HARBOUR DR BOCA RATON, FL 33432</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>65-0518203</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JORGE AMEGLIO</b> <del>541 GOLDEN HARBOUR DR</del> <b>400 NE 3rd St.</b> <b>BOCA RATON, FL 33432</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>JORGE AMEGLIO</b> <del>541 GOLDEN HARBOUR DR</del> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>400 NE 3rd St.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KRISNA KARINA AMEGLIO</b> <b>541 GOLDEN HARBOUR DR</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>PATENTEAU, FABIOLA</b> <b>541 GOLDEN HARBOUR DR</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DORATI, SOLMORAIN</b> <b>541 GOLDEN HARBOUR DR</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " "	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AMEGLIO, MONICA</b> <b>541 GOLDEN HARBOUR DR</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " " "	
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 exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>4-6-05</b> Daytime Phone #: <b>561-338-8424</b>		