


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M60316</b> 1. Entity Name <b>ALL CUSTOM CORSETS, INC.</b>	
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FILED  
 06 MAR 28 PM 1:17  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>2137 SW 8TH STREET                  MIAMI, FL 33135</b>	Mailing Address <b>C/O CANTERA &amp; ASSOCIATES                  2300 CORAL WAY, SUITE 200                  MIAMI, FL 33145</b>
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02112006	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>65-0021724</b>	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
 2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145

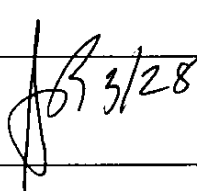
DO NOT WRITE  
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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  
 After May 1, 2006 Fee will be \$550.00**

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	PSTD QUIRANTES, HAYDEE 200 S.W. 32ND COURT ROAD MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Haydee Quirantes* Date: 2/20/06 Daytime Phone #: 305-856-0056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR