+60001-NOT-FOR-PROFIT CORPORATION LISINS

FILED Mar 24, 2004 8:00 am Secretary of State

DOCUMENT # N15171 1. Entity Name LADIES ANNUAL FISHOFF, INC.							03-24-2004 90028 018 ****61.25				
P.O. BOX 57	e of Business 79 POINT, FL 33074	P.O.	Mailing Address P.O. BOX 5779 LIGHTHOUSE POINT, FL 33074								
2. Principal P	Place of Business	3. Mail	3. Mailing Address				%D-1-3-666666D&				
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				02112004 CI	ng-NP (CR2E037 (10/	03)	
City & State		Cit	City & State			L CO 2710702			Applied For Not Applicable		
Zip	Country		Zip Co		ıntry	5. Certificate of Status		atus Desired	□ \$8.75 Fee Re	Additional quired	
6. Name and Address of Current Ro			egistered Agent			7. Name and Address of New Registered Agent Name					
FITZPATRICK, JULIE 2811 N.E. 48TH STREET						et Address (P.O. Box Number is Not Acceptable)					
	USE POINT, FL 33064				Street Audress (P.O. Box number is not Acceptable)						
					City				FL Zip	Code	
8. The above	named entity submits this stateming of registered appear	ent for the purp	ose of changing its	register	ed office or re	gistere	ed agent, or both, in	the State of Florida	1	with, and accept	
trie obligat	ions of registered agent.										
SIGNATURE .	Signature, typed or printed name of registered	agent and title if app	licable. (NOT	E: Registere	d Agent signature n	equired v	when reinstating)	•	DATE	· · · · · · · · · · · · · · · · · · ·	
	Filing Foo'is \$61.25										
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2004 Trust Fund Contribu							\$5.00 May Be Added to Fees		check payal Department		
10.	OFFICERS AN	D DIRECTORS		11.		Al	DDITIONS/CHANG	ES TO OFFICERS			
TITLE Name	PD WHEELER, JULIE		Delete	TITLE	4				☐ Cha	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS						
TITLE	POMPANO BEACH, FL 33064 CII				-ST-ZIP				□ Cha	nge 🔲 Addition	
NAME	STEALY, ROBERTA		NAME		1				016	ilde [7] vacitori	
STREET ADDRESS CITY-ST-ZIP	1011 NW 7 STREET BOCA RATON, FL 33486				ET ADORESS -ST-ZIP						
TITLE	SD	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			<u></u>		☐ Cha	nge 🔲 Addition	
NAME	LANGDON, KATRINA				E .		. 5			^	
STREET ADDRESS CITY-ST-ZIP	1075 NW 6 AVE BOCA RATON, FL 33432				ET ADDRESS - ST-ZIP						
TITLE	TD		Delete	TITLE		7m	a sharp		Cha	nge Addition	
NAME STREET ADDRESS	LEACH, RACHEL)	NAM	E	340	y Sharp NE 230	street	7		
STREET ADDRESS CITY-ST-ZIP	2243 NE 25 STREET POMPANO BEACH, FL 330	64		1	ET ADDRESS -ST-ZIP	1300	ca Raton, F	= 33431			
TITLE			☐ Delete	TITLE	: -				☐ Cha	nge 🔲 Addition	
NAME Street Address				NAMI STRE	E Et address						
CITY-ST-ZIP	•		٠,		-ST-ZIP						
TITLE			☐ Delete	IIILE	1				☐ Cha	nge 🔲 Addition	
NAME STREET ADDRESS				NAM! STRE	E et address		,	ι,	٠. د	, \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CITY-ST-ZIP					-ST-ZIP			;			
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 cath; that I am an officer or director of the corporation or the pacewer or trustee empowered to execute this report as required by Chapter 617, 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: SIGNATURE:											