

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91344 041 \*\*\*150.00

0005145 AT

DOCUMENT # P02000125598

1. Entity Name  
BAGS TO DI FOR, INC.



Principal Place of Business  
2 GROVE ISLE DRIVE  
APARTMENT 1602  
COCONUT GROVE FL 33133

Mailing Address  
2 GROVE ISLE DRIVE  
APARTMENT 1602  
COCONUT GROVE FL 33133



2. Principal Place of Business

2 Grove Isle Dr.  
Suite, Apt. #, etc.  
1602  
City & State  
Miami, Fla

3. Mailing Address

2 Grove Isle Dr.  
Suite, Apt. #, etc.  
1602  
City & State  
Miami, Fla

CHECK HERE IF MAKING CHANGES

Zip

33133

Country

FL

Zip

33133

Country

FL

4. FEI Number

65 1175388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EIDELSTEIN, GARY P  
2665 SOUTH BAYSHORE DRIVE  
SUITE 908  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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:

*Diane Eidelstein*  
DIANE EIDELSTEIN

2-24-03  
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
President	DIANE EIDELSTEIN	2 GROVE ISLE DR. 1602	MIAMI, FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Diane Eidelstein*  
DIANE EIDELSTEIN

2-24-03  
Date

Daytime Phone #

CR2E034 (10/02)