

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90002 020 \*\*\*150.00

**DOCUMENT # P03000013444**

1. Entity Name  
**ACCENTS & DETAILS, INC.**



Principal Place of Business  
**1610 NW 128 DR #112  
 SUNRISE, FL 33323**

Mailing Address  
**1610 NW 128 DR #112  
 SUNRISE, FL 33323**

**54055631**



2. Principal Place of Business  
**3140 W. PEMBROKE RD.**

3. Mailing Address

Suite, Apt. #, etc.  
**STE 526**

Suite, Apt. #, etc.

City & State  
**HALLANDALE BEACH, FL**

City & State

Zip **33009** Country **USA**

Zip Country

05212004 Chg-P CR2E034 (10/03)

4. FEI Number **61-1441444**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GBS CONSULTANTS  
 1290 WESTON RD STE 306  
 WESTON, FL 33326**

**7. Name and Address of New Registered Agent**

Name  
 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS DELGADO, EGGLE 1610 NW 128 DR #112 SUNRISE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELGADO, EGGLE 1610 NW 128 DR #112 SUNRISE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Cefarun*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/2004

Date

Daytime Phone #



Division of Corporations

57055631

2004 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000013444
Business Entity Name	ACCENTS & DETAILS, INC.
Original File Date	02/03/2003

FEI-Number

Principal Address 1610 NW 128 DR #112  
SUNRISE, FL 33323

Mailing Address 1610 NW 128 DR #112  
SUNRISE, FL 33323

Registered Agent GBS CONSULTANTS  
1290 WESTON RD STE 306  
WESTON, FL 33326 US

Officer/Director Name And Address

DPVS  
EGLEE DELGADO  
1610 NW 128 DR #112  
SUNRISE, FL 33323

T  
EGLEE DELGADO  
1610 NW 128 DR #112  
SUNRISE, FL 33323

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

Continue