

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013444

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: ACCENTS & DETAILS, INC.

**Current Principal Place of Business:**

3140 W PEMBROKE RD STE 526  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1610 NW 128 DR #112  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 61-1441444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete  
Name: DELGADO, EGGLEE  
Address: 1610 NW 128 DR #112  
City-St-Zip: SUNRISE, FL 33323

Title: T ( ) Delete  
Name: DELGADO, EGGLEE  
Address: 1610 NW 128 DR #112  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EGGLEE DELGADO

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04/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date