

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
MAR 29 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000047662

1. Entity Name
THE SCRAP DIVAS, INC.



Principal Place of Business 11315 N.W. 72 LANE MIAMI, FL 33178	Mailing Address 11315 N.W. 72 LANE MIAMI, FL 33178
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2. Principal Place of Business 10763 N.W. 23 ST.	3. Mailing Address 10763 N.W. 23 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
Zip 33172	Zip 33172
Country USA	Country USA

24021366

01292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1185390	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BRAVO, MARTHA M
11315 N.W. 72 LANE
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name
LUIS CONTRERAS

Street Address (P.O. Box Number is Not Acceptable)
10763 NW 23 STREET

City
MIAMI FL Zip Code
33172

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 **LUIS CONTRERAS** DATE **03-09-04**

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P/D LUIS CONTRERAS 10763 NW 23 STREET MIAMI, FL 33172	
		VP/D BIRGIT HESS PLESS 10763 NW 23 STREET MIAMI, FL 33172	

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 **LUIS CONTRERAS** DATE **0309-04** / DAYTIME PHONE # **3053003028**

Signature, typed or printed name of existing officer or director