


FILED
May 02, 2005 8:00 am
Secretary of State

FROM : B, Y, N. & COMPANY

FAX NO. : 3054443550

05-02-2005 90991 031 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000038271 1. Entity Name LINEN AND LACE ELEGANT TEAS, INC.			
Principal Place of Business 7939 MANDARIN DRIVE BOCA RATON, FL 33433		Mailing Address 7939 MANDARIN DRIVE BOCA RATON, FL 33433	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent MARDER, MARK A 9400 SO. DADELAND BLVD. PENTHOUSE FIVE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ <small>(Signature, typed or printed name of registered agent) (Typed Name of Registered Agent Signature required when appointing)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	P.D PILGER, BARBARA 5071 KING ARTHUR AVENUE DAVIE, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S YECKES, SHELLEY 7939 MANDARIN DRIVE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YECKES, SHELLEY 7939 MANDARIN DRIVE BOCA RATON, FL 33433	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"/> Delete	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"/> Delete	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: <i>Barbara Pilger</i>		BARBARA PILGER 4/28/05, 954-562-0880	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		<small>DATE DAY MONTH YEAR</small>	

50046570



04262305 Chg-P CR2E034 (10/03)

4. FEI Number **061724341** Applied For Not Applicable

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