


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90276 048 ***150.00

DOCUMENT # P04000089055					
1. Entity Name SPARKLES THE CLOWN, INC.					
Principal Place of Business 923 SW 119TH COURT MIAMI, FL 33184 US			Mailing Address 923 SW 119TH COURT MIAMI, FL 33184 US		
2. Principal Place of Business 10883 NW 7 ST UNIT 12 MIAMI, FL		3. Mailing Address 10883 NW 7 ST UNIT 12 MIAMI, FL		03222005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-1220179	
Zip 33172		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, NATALIA 923 SW 119TH COURT MIAMI, FL 33184			7. Name and Address of New Registered Agent Name ORTIZ, NATALIA Street Address (P.O. Box Number is Not Acceptable) 10883 NW 7 ST UNIT 12 Miami, FL City 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: <i>Natalia Ortiz Pdt. 3/28/05</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00! After May 1, 2005 Fee will be \$550.00			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	PST ORTIZ, NATALIA 923 SW 119TH COURT MIAMI, FL 33184	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ORTIZ, NATALIA 10883 NW 7 ST UNIT 12 MIAMI, FLORIDA 33172	<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
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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>Natalia Ortiz</i> PRESIDENT 3/28/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #
NATALIA ORTIZ					