

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-15-2005 90069 013 ***150.00

DOCUMENT # P04000091471

1. Entity Name
PRETTY PLEASE, INC.



Principal Place of Business
**7264 NW 63 TERRACE
PARKLAND, FL 33067-4753**

Mailing Address
**7264 NW 63 TERRACE
PARKLAND, FL 33067-4753**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03162005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1293979** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**OLICKER, MAURY R
1583 NW 182 WAY
PEMBROKE PINES, FL 33029-3092**

7. Name and Address of New Registered Agent
Name **Robin Kula**
Street Address (P.O. Box Number is Not Acceptable)
7264 N.W. 63rd Terrace
City **Parkland** FL Zip Code **33067**

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: _____ DATE: **4.12.05**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when restate)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | D KULA, ROBIN 7264 NW 63 TERRACE PARKLAND, FL 330674753 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ DATE: **4.12.05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #