


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
9/8/2004-90120-031-\$158.75-\$158.75 SECRETARY OF STATE
DIVISION OF CORPORATIONS

2004 OCT -8 PM 4:32

DOCUMENT # P93000040372
1. Entity Name
NEXT GENERATION FASHIONS & PATTERNS, INC.



1835-NW 38th AVE 1835-NW 38th AVE
Lauderhill-FL-33311 Laudershill-FL-33311



1835-NW 38th AVE 1835-NW 38th AVE
Lauderhill-FL-33311 Laudershill-FL-33311

05242004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0407022 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BOSCH, JAIRO 5440 N STATE ROAD 7 STE 5 FORT LAUDERDALE, FL 33319		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOARES, CLEONE FLORES			NAME			
STREET ADDRESS	3101 OAKLAND SHORES DR., APT. H-105			STREET ADDRESS	P.O. Box 1129		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	FORT LAUDERDALE FL 33310		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADRIANO, DIANA			NAME			
STREET ADDRESS	3101 OAKLAND SHORES DR., APT. H-105			STREET ADDRESS	P.O. Box 1129		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309			CITY-ST-ZIP	FORT LAUDERDALE FL 33310		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Oct 4/04
Signature and typed or printed name of signing officer or director

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