

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 046 ***150.00

DOCUMENT # P99000034021

1. Entity Name

A WOMAN'S OPTION, INC.



Principal Place of Business
 1933 WEST 60TH STREET
 HIALEAH FL 33012

Mailing Address
 1933 WEST 60TH STREET
 HIALEAH FL 33012

14006955



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0911096**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FUENTES, MIGUEL
8851-N.W. 119 ST., UNIT 2109
HIALEAH FL 33018

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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: TD Delete
 NAME: FUENTES, LAURA I
 STREET ADDRESS: 10000 N.W. 80TH CT. #2466
 CITY-ST-ZIP: HIALEAH GARDENS FL 33016

TITLE: PD Change Addition
 NAME: Fuentes, Laura I.
 STREET ADDRESS: 157 W 37th Street
 CITY-ST-ZIP: Hialeah, FL 33012

TITLE: D Delete
 NAME: FUENTES, MIGUEL
 STREET ADDRESS: 8851 NW 119 STREET UNIT 2109
 CITY-ST-ZIP: HIALEAH FL 33018

TITLE: VD Change Addition
 NAME: Fuentes, Miguel
 STREET ADDRESS: 8851 NW 119 Street Unit 2109
 CITY-ST-ZIP: Hialeah, FL 33018

TITLE: PD Delete
 NAME: FUENTES, ADELA
 STREET ADDRESS: 1922 WEST 60TH STREET
 CITY-ST-ZIP: HIALEAH FL 33012

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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TITLE: Change Addition
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TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura I. Fuentes **MAR 18 2005 (305)824-1788**

Date Daytime Phone #