2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				_ FILED
DOCUMENT # P97000092453 1. Entity Name				Apr 08, 2005 08:00 AN Secretary of State
NOVELT	Y TRIMMINGS SHOP, INC.			secretary or state
Principal Plac	e of Business	Mailing Address		
146 N. MIA MIAMI FL 3	MI AVENUE 3128	146 N. MIAMI AVENU MIAMI FL 33128	E	
2. Principal Place of Business		3. Mailing Address	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FE! Number 65-0791622 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
GORFINKEL, NESTOR 20818 WEST DIXIE HWY AVENTURA FL 33180				(P.O. Box Number is Not Acceptable)
,	2141610412 00100		City	FL Zip Code
8. The above the obliga	named entity submits this statement filled the statement of the statement	or the purpose of changing its	registered office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOT	£ Registered Agent signature require	ed when reinstating] DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P GORFINKEL, MARCOS 1860 NE 197 TERRACE	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addillon
STREET ADDRESS CITY ST-ZIP	MAIMI FL 33179		CITA - ZI - VIb	UCO000293184 04/08/05-80016-019 150.00
l	GORFINKEL, LEON 8777 COLLINS AVE APT #509	🔀 Dalete	NAME SIREEL ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	SURFSIDE FL 33154	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY- ST-ZIP	GORFINKEL, DIANE 1860 NE 197 TERRACE MIAMI FL 33179		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	THEE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-SI-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY ST-ZIP		. Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ 5	NAME STREET ADDRESS CITY-ST-ZIP	_ , _
40 I harabir	earlify that the information grantled with	h this filing does not qualify fo	the everyther stated in S	Section 119.07(3Vi) Florida Statutes further certify that the information

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