2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 291436

1. Entity Name
ST IVES INC FLORIDA

Principal Place of Business	Mailing Address
13449 N.W. 42 AVE. MIAMI, FL 33054-4586	13449 N.W. 42 AVE. ATTN: CONTROLLER MIAMI, FL 33054-4586

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1089469

Applied For
Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROHOWSKI, KEN
13449 NW 42 AVE
MIAMI, FL 33054

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000439015
03/01/06-80028-004 317.50

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANGSTROM, WAYNE R
STREET ADDRESS	13449 N.W. 42 AVE.
CITY-ST-ZIP	MIAMI, FL 330544586
TITLE	STD
NAME	CARUANA, JEANNE
STREET ADDRESS	13449 N.W. 42 AVE.
CITY-ST-ZIP	MIAMI, FL 330544586
TITLE	D
NAME	EDWARDS, BRIAN C
STREET ADDRESS	13449 N.W. 42 AVE.
CITY-ST-ZIP	MIAMI, FL 330544586
TITLE	V
NAME	MURPHY, EDWARD
STREET ADDRESS	13449 N.W. 42 AVE
CITY-ST-ZIP	MIAMI, FL 330544586
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen M Caruana 1/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #