

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90043 011 \*\*\*\*61.25

**DOCUMENT # N04000008516**

1. Entity Name  
**YOUR BOSOM BUDDIES II, INC.**



Principal Place of Business  
**23-D BEDFORD CT  
ROYAL PALM BEACH, FL 33411-7953**

Mailing Address  
**23-D BEDFORD CT  
ROYAL PALM BEACH, FL 33411-7953**

**40093740**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**20-1235283**

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

**FRANZOSO, TERESA M  
23-D BEDFORD CT  
ROYAL PALM BEACH, FL 33411-7953**

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

*Teresa M. Franzoso*

*3-27-06*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **STEIBER, MICHELLE**  
STREET ADDRESS **252 INFARRTE AVE**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

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

TITLE **VP** ☒ Delete  
NAME **COHN, JACQUELINE**  
STREET ADDRESS **11718 BAY BREEZE CT**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

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

TITLE **S** ☐ Delete  
NAME **FRANZOSO, TERESA**  
STREET ADDRESS **23D BEDFORD CT**  
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

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

TITLE **T** ☐ Delete  
NAME **DONOVAN, SUSAN**  
STREET ADDRESS **3847 WOODS WALK BLVD**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

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

TITLE **PR/M** ☐ Delete  
NAME **FELTON, ABBA**  
STREET ADDRESS **17841 31ST ROAD NORTH**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE ☒ Change ☐ Addition  
NAME **PR/M FELTON, ABBA**  
STREET ADDRESS **17841 31st Road North**  
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE ☐ Delete  
NAME  
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 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 617, 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:

*Susan Donovan, TREAS* *2/25/06*

*(561) 966-4188*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Susan Donovan, TREAS.*