# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2006-90035-002-$150.00-$150.00

DOCUMENT # P03000076049

1. Entity Name
SHOWTIME PARTY & EVENT PLANNING CORPORATION

FILED
06 SEP 22 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 6780 DOUGLAS STREET<br>HOLLYWOOD, FL 33024 | 6780 DOUGLAS STREET<br>HOLLYWOOD, FL 33024 |

07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0101518
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NUBIAN TAX CONSULTANTS
16300 NE 19TH AVENUE
SUITE 215
N MIAMI BEACH, FL 33162

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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**
**Due by September 6, 2008**

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

| | |
|---|---|
| TITLE | P |
| NAME | QUITMAN, MARCELLIA |
| STREET ADDRESS | 6780 DOUGLAS STREET |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 |
| TITLE | VP |
| NAME | OSAMOR, HOPE G |
| STREET ADDRESS | 6780 DOUGLAS STREET |
| CITY-ST-ZIP | HOLLYWOOD, FL 33024 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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: Hope Osamor 9/18/06 786-586-5116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #