

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 430275

1. Entity Name
LADY GODIVA CORP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -8 PH 1:31

Principal Place of Business
**7211 NW 35TH AVE
MIAMI, FL 33147**

Mailing Address
**8305 S.W. 72 AVE
#109-A
MIAMI, FL 33143 US**



09052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1509227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALAMERO, ARNOLDO
8305 S.W. 72 AVENUE #109-A
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 6, 2006**

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	SALAMERO, ARNOLDO
STREET ADDRESS	8305 S.W. 72 AVENUE #109-A
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	S
NAME	PILAR, ALBA
STREET ADDRESS	8305 S.W. 72 AVENUE #109-A
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600079713486
09/12/06--01018--017 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/2006
Date

Daytime Phone #