

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 08:00 AM**  
**Secretary of State**

|  |  |
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| DOCUMENT # F02000005553                            |  |
| 1. Entity Name<br>STEPHANIE ODEGARD CO.,LTD., INC. |  |



|   |  |
|---|--|
| Principal Place of Business<br>3621 NE MIAMI COURT, GROUND FLOOR<br>MIAMI, FL 33137 | Mailing Address<br>200 LEXINGTON AVE STE. 1206<br>NEW YORK, NY 10016 |
|---|--|



**DO NOT WRITE IN THIS SPACE**

05242004 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>13-3522124 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HARTY, SILVANA<br>465 NE 50TH TERRACE<br>MIAMI, FL 33137 |
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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 *Silvana Garrido Harty*  
Signature, typed or printed name of registered agent and title if corporate

(NOTE: Registered Agent signature required when reinstating)

05/27/04  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ODEGARD, STEPHANIE<br>115 E. 90TH STREET APT. #8C<br>NEW YORK, NY 10128 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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06/03/04-80003-011 150.00

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IN THIS SPACE**

12. 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

Date

Daytime Phone #