## 2004 FOR PROFIT CORPORATION

## FILED Jan 24, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # F86507 1. Entity Name CORAL GABLES BRIDALS, INC. Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD 366 MIRACLE MILE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 59-2200389 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DE LOS REYES, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 5750 SW 45 TERR MIAMI, FL 33155 Zip Code City FI 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, lyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE U00000012707 01/26/04-80021-002 150.00 DE LOS REYES, DULCE NAME NAME STREET ADDRESS STREET ADDRESS 5750 SW 45TH TERR MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-ZIP Change Addition PD ☐ Delete TITLE TITLE DE LOS REYES, RAFAEL A NAME NAME STREET ADDRESS 5750 SW 45TH TERR STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 frustee 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 addition with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR