

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F92000000242

1. Entity Name
CURLY CUSTOMS, INC.



Principal Place of Business
236 SWAINS POND AVE
MELROSE, MA 02176

Mailing Address
236 SWAINS POND AVE
MELROSE, MA 02176

05 JUN 10 PM 2:13

STATE OF FLORIDA
DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE

05312005 No Chg-P CR2E034 (10/03)

05

4. FEI Number 04-2903785	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

SULLIVAN, DANIELLE
7928 NW 51 CT
LAUDERHILL, FL 33351

**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 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST GIANQUITTO, DONALD 236 SWAINS POND AVE MELROSE, MA 02176
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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 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

Donal *Gianquitto*

Date

181-6656985
Daytime Phone #

200056153882
06/14/05-01046--020 **150.00

**DO NOT WRITE
IN THIS SPACE**