2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # H45763

1. Entity Name
YARN & NEEDLE POINT CENTER OF SOUTH FLORIDA,
INC.



FILED
May 14, 2004 08:00 AM
Secretary of State

Principal Place of Business

15200 JOG RD. DELRAY BCH, FL 33446

s us

Mailing Address

15200 JOG RD.

DELRAY BEACH, FL 33446

US



03032003

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2523075

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SILVERMAN, GERARD 15200 JOG RD DELRAY BEACH, FL 33446

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8. The above the obligate	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				Agent signature regulaed when refinstating) OATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campalgn Financi Trust Fund Contribution.	ing 🔲	\$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. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P SILVERMAN, GERARD 15200 JOG RD DELRAY BEACH, FL 33446	CTORS		U00000160470 C5/14/04-80005-014 150.00		
TITLE NAME STREET ADDRESS CRY-ST-ZIP					03/14/34_00002_014 120°00	
TITLE NAME STREET ADDRESS CITY-ST-ZP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME 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 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:

BILE NAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 561 498 1456