

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90226 019 ***150.00

DOCUMENT # H66445 1. Entity Name DEJA VU A CONSIGNMENT EXPERIENCE, INC.			
Principal Place of Business 1000 E ATLANTIC BLVD POMPANO BCH., FL 33060		Mailing Address 1000 E ATLANTIC BLVD POMPANO BCH., FL 33060	
2. Principal Place of Business 452 S. CYPRESS ROAD Suite, Apt. #, etc.		3. Mailing Address 452 S. CYPRESS ROAD Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL Zip 33060 Country USA		City & State POMPANO BEACH, FL Zip 33060 Country USA	
4. FEI Number 59-2558724		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04212006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent WILSON, ROSE M 2500 E HALLENDALE BEACH BLVD #511G HALLENDALE, FL 33009		7. Name and Address of New Registered Agent Name WILSON, ROSE M Street Address (P.O. Box Number is Not Acceptable) 452 S. CYPRESS ROAD City POMPANO BEACH, FL Zip Code 33060	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, ROSE M 2500 E HALLENDALE BEACH BLVD HALLENDALE, FL 33009	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Rose M Wilson</u>		Date <u>4/29/06</u> Daytime Phone # _____	