2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CK+3941 6 150-05

Apr 02, 2005 08:00 AM

1. Entity Name LADY, INC.	# K72057				Seci	retary of	State
LADI, INC.							
Principal Place of Business		Mailing Address		"			
LADY INC 22860 PONDEROSA DR BOCA RATON FL 33428 US		LADY INC 22860 PONDEROSA DR BOCA RATON FL 33428 US			1 BET 1877 201 1887 1787 DECENT A 1111		T #1###################################
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE	CR2E034 (10/04)	
City & State		City & State		4. FEI N	umber 65-0198273	3	Applied For Not Applicable
Zip	Country	Zip	Country	5, Certif	cate of Status Desired	\$8.75 / Fee Regu	
6. Name a	ind Address of Current Reg	istered Agent	Name	7. Name	and Address of New R	legistered Agent	
REYES, GARY L. 22860 PONDEROSA DR BOCA RATON FL 33429				W (D Q D)	s (P.O. Box Number is Not Acceptable)		
				adress (P.O. Box N	umber is Not Acceptable	?) 	
			City		<u></u>	FL Zip C	ode
8. The above named entity	submits this statement for the	purpose of changing its		registered agent, o	or both, in the State of Flo		
the obligations of register							
SIGNATURE Signature, typed or	printed name of registered agent and li	le if applicable (NOTE	Registered Agent signatur	e required when reinstatin	ο)	DATE	<u> </u>
	₹				- ·		
After May 1, 2005	FEE IS \$150.00 Fee Will Be \$550.00 Florida Department of St	ate		·	9. Election Campa Trust Fund Con		5.00 May Be
After May 1, 2005 Make Check Payable to 10.	Fee Will Be \$550.00	ECTORS	11.	ADDITIO	9. Election Campa	ICERS AND DIRECTO	DRS IN 11
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I hereby certify that the information supplied with this filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR