


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ck# 3941 3-30-05
 150.00
FILED

Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K72057			
1. Entity Name LADY, INC.		Mailing Address LADY INC 22860 PONDEROSA DR BOCA RATON FL 33428 US	
2. Principal Place of Business LADY INC 22860 PONDEROSA DR BOCA RATON FL 33428 US		3. Mailing Address LADY INC 22860 PONDEROSA DR BOCA RATON FL 33428 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0198273		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, GARY L 22860 PONDEROSA DR BOCA RATON FL 33429		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, GARY LEE		NAME REYES, GARY LEE	
STREET ADDRESS 22860 PONDEROSA DR		STREET ADDRESS 22860 PONDEROSA DR	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON FL	
TITLE VS	<input type="checkbox"/> Delete	TITLE VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REYES, NANCY		NAME REYES, NANCY	
STREET ADDRESS 22860 PONDEROSA DR		STREET ADDRESS 22860 PONDEROSA DR	
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

UDDDD0284338
 04/02/05-80001-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **President** 3-30-05 561-482-7124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR