

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 016 ***150.00

DOCUMENT # K77094

1. Entity Name

LYDIA DESIGNS LTD., INC.



Principal Place of Business

4367 N. FEDERAL HIGHWAY
FT LAUDERDALE FL 33308
US

Mailing Address

6278 N. FEDERAL HIGHWAY #434
FT LAUDERDALE FL 33308
US

40010213



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

1702 CLUB DRIVE
Suite, Apt. #, etc.

3. Mailing Address

2046 TREASURE COAST PLAZA
Suite, Apt. #, etc.

370

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0147906

Applied For

Not Applicable

Zip

32963

Country

USA

Zip

32960

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVESTRY, LYDIA M.
6278 N. FEDERAL HIGHWAY #407
FT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name: GEORGE GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
1702 CLUB DRIVE

City: VERO BEACH

FL

Zip Code: 32963

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)

2/7/05
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP
NAME: SILVESTRY, LYDIA M.
STREET ADDRESS: 6278 N. FEDERAL HIGHWAY #407
CITY-ST-ZIP: FORT LAUDERDALE FL 33308 ☐ Delete

TITLE: DT
NAME: COLON, ABILIO X.
STREET ADDRESS: 4367 N FEDERAL HWY
CITY-ST-ZIP: FORT LAUDERDALE FL 33308 ☐ Delete

TITLE: DS
NAME: COLON, JORGE
STREET ADDRESS: 4367 N. FEDERAL HIGHWAY #104
CITY-ST-ZIP: FT LAUDERDALE FL 33308 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Lydia M. Silvestry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 782 6609