

FILED
Apr 30, 2007 8:00 am
Secretary of State

Thursday, April 26, 2007
8:46 AM

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**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L77259			
1. Entity Name AFFLUENCE BODYWEAR INC.			
Principal Place of Business 401 S. 21 AVE. HOLLYWOOD, FL 33020-5013		Mailing Address 401 S. 21 AVE. 2048 Jackson St HOLLYWOOD, FL 33020-5013	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33020		Country USA	
4. FEI Number 65-0203661		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, EILEEN 401 S. 21 AVE. HOLLYWOOD, FL 33020		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 _____ Signature typed or printed name of registered agent and the filer and cable NOTE: Registered Agent signature required when filing. DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY ST ZIP	D SANDERS, EILEEN ☐ Delete 300 THREE ISLAND BLVD HALLANDALE, FL	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RHODES, LORRAINE ☐ Delete 1885 S. OCEAN DR. HALLANDALE, FL	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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>Eileen Sanders</u>		Date: <u>4/26/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	