

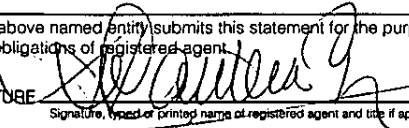
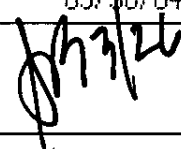
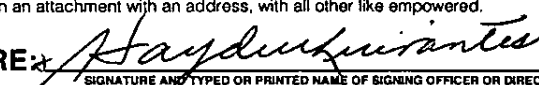


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 MAR 26 PM 4:38

TALLAHASSEE, FLORIDA

<b>DOCUMENT # M60316</b> 1. Entity Name <b>ALL CUSTOM CORSETS, INC.</b>					
Principal Place of Business <b>C/O HAYDEE QUIRANTES</b> <b>2137 SW 8TH ST.</b> <b>MIAMI, FL 33135</b>			Mailing Address <b>C/O HAYDEE QUIRANTES</b> <b>2137 SW 8TH ST.</b> <b>MIAMI, FL 33135</b>		
2. Principal Place of Business <b>2137 SW 8th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>C/O Cantera &amp; Associates</b> <b>2300 Coral Way</b> Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0021724</b>	
Zip <b>33135</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUIRANTES, HAYDEE</b> <b>200 S.W. 32ND COURT/ROAD</b> <b>MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name <b>FLORIDA ANNUAL REPORT SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 CORAL WAY</b> <b>SUITE 200</b> City <b>MIAMI, FL</b> Zip Code <b>33143</b>	
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  <b>AMADA CANTERA LOPEZ</b> <b>3/15/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD QUIRANTES, HAYDEE 200 S.W. 32ND COURT ROAD MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600031523806 03/30/04--01070--024 **150.00 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>HAYDEE QUIRANTES</b>			<b>3/15/04</b> <b>(305) 545-7777</b> <small>Date Daytime Phone #</small>		