

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # N04000004810

1. Entity Name
XCEL WEDDING CHAPEL SERVICES, INC.



Principal Place of Business
**2933 NW 49TH ST
MIAMI, FL 33142**

Mailing Address
**2933 NW 49TH ST
MIAMI, FL 33142**



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1470502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILBERT, KAREN
2933 NW 49TH ST
MIAMI, FL 33142**

**DO NOT WRITE
IN THIS SPACE**

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)

000000726821

**Filing Fee is \$61.25
Due by May 1, 2007**

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

05/04/07-80026-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JOHNSON, TALLULAH
STREET ADDRESS	2933 NW 49TH ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	DT
NAME	JOHNSON, ALVENA
STREET ADDRESS	2933 N.W. 49TH STREET
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	P
NAME	GILBERT, KAREN
STREET ADDRESS	2933 NW 49TH ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	V
NAME	YOUNG, LINDA G.
STREET ADDRESS	14135 NORTH MIAMI AVE.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Karen Gilbert, President/CEO 4-14-07 305-653-4030