


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 043 ****61.25

DOCUMENT # N04000008516	
1. Entity Name YOUR BOSOM BUDDIES II, INC.	

Principal Place of Business 23-D BEDFORD CT ROYAL PALM BEACH, FL 33411-7953	Mailing Address 23-D BEDFORD CT ROYAL PALM BEACH, FL 33411-7953
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1235283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZOSO, TERESA M
23-D BEDFORD CT
ROYAL PALM BEACH, FL 33411-7953

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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 _____

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIBER, MICHELLE 252 INFARTE AVE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANZOSO, TERESA 23D BEDFORD CT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOVAN, SUSAN 3847 WOODS WALK BLVD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRM FELTON, ABBE 17841 31ST ROAD NORTH LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Shari Zipp 4186 Bahia Isle Circle Lake Worth FL 33467-8307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Teresa M Franzoso 1-15-07 561-7989377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #