2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P0000005660 1. Entity Name 1. Court P Cour			05-04-2005 90111 017 ***150.00
JOSSIES COUTURE FABRICS & DESIGN, INC.			7
Principal Place of Business	Mailing Address		7
225 MIRACLE MILE	1501SW 16 AVE.		
CORAL GABLES, FL 33134	MIAMI, FL 33145		
			A PRANTAGO AN ARAN ÁRAN ERIN REN ÁRAN ARAN ARAN ERIN ERINA ANA ERIN ERIN ERINAEN AN ERINAEN
2. Principal Place of Business 271 MILAUL MILE	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282005 Chg-P CR2E034 (10/03)
CORAL GABLES, FL	City & State		4. FEI Number Applied For 65-0974458 Not Applicable
293134 Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
GUELBENZU, JOSSIE		Name-	
241 SW 19 RD.		Street oddress	(P.O. Box Number is Not Acceptable)
MIAMI, FL 33129		1-1-	70
·		City C	Z O TipCodg (O
		11/	(Ami FL 25996S
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its req	gistered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
1 to: 4 .1- TOSSIG GUGI READY 5/2/05			
SIGNATURE Signifility, hipped of paguathraphs of registered ages and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.			
10. OFFICERS AND C		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PTD NAME GUELBENZU, JOSSIE	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS 241 SW 19 RD.		STREET ADDRESS 7	140 SW 19 ST
CITY-ST-ZIP MIAMI, FL 33129		CITY-ST-ZIP	1AMI FL 33/65
TITLE VPD	☐ Delete	TITLE	Change Addition
NAME GUELBENZU, ILEANA STREET ADDRESS 241 SW 19 RD.		NAME STREET ADDRESS 7	740 SW 19 ST
CITY-ST-ZIP MIAMI, FL 33129		1 .	niAmi FL 33165
TITLE SD	☐ Delete	TITLE	Change ☐ Addition
NAME GUELBENZU, JOSEFINA C	·	NAME C	740 CW 19 ST
STREET ADDRESS 241 SW 19 RD. CITY-ST-ZIP - MIAMI, FL 33129		STREET ADDRESS CITY-ST-ZIP	niani FL 33165
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	C Delcar	NAME	E Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<u> </u>
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME Street Address	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with	this filing does not qualify for th	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 attachinerit with an address, with all other like empowered.			
SIGNATURE: X SSU SULLIAN JOSSIE GUELBENZU 5/2/05			
AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #			