

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90073 024 ***158.75

DOCUMENT # P00000019645					
1. Entity Name DOWNTOWN DIVAS, INC.					
Principal Place of Business 847 E NEW HAVEN MELBOURNE, FL 32901			Mailing Address 8426 MIZELL DR. VIERA, FL 32940		
2. Principal Place of Business		3. Mailing Address 847 E. New Haven			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Melbourne FL 32901		4. FEI Number 59-3627641	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		07052004 Chg-P CR2E034 (10/03)	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CECILIONE, CASEY 8426 MIZELL DR. VIERA, FL 32940			Name <u>CECILIONE, CASEY</u> Street Address (P.O. Box Number is Not Acceptable) 684 Shady Lane City <u>Melbourne</u> FL Zip Code <u>32935</u>		
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 <u>CASEY A CECILIONE</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Casey A Cecilion</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>8/28/04</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CECILIONE, CASEY 8426 MIZELL DR. VIERA, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CECILIONE, CHRISTOPHER J 8426 MIZELL DR VIERA, FL 32940	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cecilion/Christopher J 684 Shady Lane Melbourne FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CECILIONE, SUSAN C 1712 ARDMORE ST NE PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CECILIONE, RONALD E 1712 ARDMORE ST NE PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 any address, with all other like empowered.					
SIGNATURE: <u>Christopher J Cecilion</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/28/04</u> <small>Date</small>		<u>3219170945</u> <small>Daytime Phone #</small>	