

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90039 026 ***550.00

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1. Entity Name

ALFRED ANGELO - THE BRIDE'S STUDIO NO. 2, INC.



Principal Place of Business

7541 N KENDALL DR
MIAMI, FL 33156

Mailing Address

1301 VIRGINIA DRIVE
SUITE 110
FT WASHINGTON, PA 19034

44050175



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1033491

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTERED AGENT LEGAL SERVICES INC.
1333 NORTH DUVAL ST
TALLAHASSEE, FL 32302

**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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PICCIONE, VINCENT E
STREET ADDRESS	1690 S CONGRESS AVE STE 120
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	SD
NAME	PICCIONE, MNICHELE
STREET ADDRESS	1690 S CONGRESS AVE STE 120
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VPF
NAME	WELTZ, JOSEPH
STREET ADDRESS	1301 VIRGINIA DR STE 110
CITY-ST-ZIP	FT WASHINGTON, PA 19034
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #