

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000028786

1. Entity Name
EXCLUSIVE LINENS BY S&S CORP.



Principal Place of Business 6105 RALEIGH STREET #312 ORLANDO, FL 32835	Mailing Address 6105 RALEIGH STREET #312 ORLANDO, FL 32835
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03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2226006	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

SILVESTRI, SANDRA
 6105 RALEIGH ST #312
 ORLANDO, FL 32835

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD SILVESTRI, SANDRA 6105 RALEIGH ST #312 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDION, SILVIA 6105 RALEIGH ST #312 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000107106
 04/09/04-80001-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 respect thereto, with all other like empowered.

SIGNATURE: SANDRA SILVESTRI 4/9/04 407-7094298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #