

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90297 008 ***150.00

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1. Entity Name

GIRLYLUV CORPORATION



Principal Place of Business

12521 NW 60TH PLACE
CORAL SPRINGS FL 33076

Mailing Address

12521 NW 60TH PLACE
CORAL SPRINGS FL 33076

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

Focus Point International
9757
Coral Springs, FL
33075
USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-1007702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROBIDA, MARIA
12521 NW 60TH PLACE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete

NAME ROBIDA, MARIA
STREET ADDRESS 12521 N W 60 TH PLACE
CITY- ST- ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Maria Robida
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2005
Date
954-227-2227
Daytime Phone #