

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000048613

1. Entity Name
LADY BUG IMPORTS, INC.



FILED
Feb 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
7700 N. KENDALL DR., SUITE 405
MIAMI, FL 33156

Mailing Address
7700 N. KENDALL DR., SUITE 405
MIAMI, FL 33156



2. Principal Place of Business

3. Mailing Address

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1017990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITMAN, LORN
7700 N. KENDALL DR., SUITE 405
MIAMI, FL 33156

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
REYNOLDS, JANET
515 HAZEL ROAD
KEY LARGO, FL 33037

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

U00000058369
02/20/04-80026-024 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
LEITMAN, LORN
791 CRANDON BLVD. #907
KEY BISCAYNE, FL 33149

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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)(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 #