

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90158 027 \*\*\*150.00

**DOCUMENT # P00000113247**

**1. Entity Name**

SO SO CHIC, INC.



**Principal Place of Business**

5109 S DIXIE HWY  
W PALM BEACH FL 33405

**Mailing Address**

P.O. BOX 2783  
PALM BEACH FL 33480

**2. Principal Place of Business**

1547 North FLA. Mango Rd.

**3. Mailing Address**

Suite, Apt. #, etc.

# 6-27

City & State  
West Palm Beach

City & State

Zip Country  
Fla 33409

Zip Country

**4. FEI Number** 65-1071580

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEMARINIS, VICTOR A  
~~5109 S DIXIE HWY~~  
WEST PALM BEACH FL 33405

**7. Name and Address of New Registered Agent**

Name Victor A. de MARINIS

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

1547 North Florida Mango Rd.

City West Palm Beach FL Zip Code 33409

**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 Victor A. deMarinis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-05

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** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PSD ☐ Delete  
NAME DEMARINIS, VICTOR A  
STREET ADDRESS 5109 S DIXIE HWY  
CITY-ST-ZIP W PALM BEACH FL 33405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE PSD ☒ Change ☐ Addition  
NAME Victor A. deMARINIS  
STREET ADDRESS 1547 North Florida Mango Rd.  
CITY-ST-ZIP West Palm Beach, Fla 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Victor A. deMarinis Victor A. deMARINIS 4-27-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #