

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016225

Entity Name: MIMI JOLIE MAISON, INC.

FILED  
Jun 30, 2005  
Secretary of State

## Current Principal Place of Business:

5150 TAMIAMI TRAIL NORTH SUITE 500  
NAPLES, FL 34103

## New Principal Place of Business:

5150 TAMIAMI TRAIL NORTH  
SUITE 500  
NAPLES, FL 34103

## Current Mailing Address:

5150 TAMIAMI TRAIL NORTH SUITE 500  
NAPLES, FL 34103

## New Mailing Address:

5150 TAMIAMI TRAIL NORTH  
SUITE 500  
NAPLES, FL 34103

FEI Number: 59-3698114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.  
4001 TAMIAMI TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 US

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.

SIGNATURE: C. LANE WOOD

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GABR, HAYAM  
Address: 5150 TAMIAMI TRAIL NORTH SUITE 500  
City-St-Zip: NAPLES, FL 34103

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: GABR, HAYAM  
Address: 5150 TAMIAMI TRAIL NORTH SUITE 500  
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAYAM GABR

DPST

06/30/2005

Electronic Signature of Signing Officer or Director

Date