
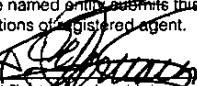


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1082

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -4 AM 10:02

DOCUMENT # P01000027686 1. Entity Name PRIMOR BRIDAL CORP.					
Principal Place of Business 132 NE 2 AVENUE MIAMI, FL 33132			Mailing Address 132 NE 2ND AVENUE MIAMI, FL 33132		
2. Principal Place of Business 120 NE 2 Ave		3. Mailing Address 120 NE 2 Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1089461	
Zip 33132		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, IRMINA 7901 NW 2ND STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Irmina N. Fernandez Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Dr. Apt. 1637 City Miami FL Zip Code 33132		
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:  DATE: 09-13-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing <input type="checkbox"/> \$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	P FERNANDEZ, IRMINA N 7901 NW 2ND STREET MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ALEJANDRO N 7901 NW 2ND STREET MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  Irmina N. Fernandez Pres 09-13-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

PRIMOR BRIDAL CORP
120 NE 2 Street
Miami, FL 33132

20/2

Tuesday, September 27, 2005

Florida Dept. of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314


To Whom It May Concern:

We are requesting a waiver of the late fee for the annual report, as we never received the notice, as we had moved our business.

We have enclosed the \$150.00 fee required along with the required report.

Thank you for your assistance with this matter.

Sincerely,



Irma N. Fernandez
President