

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-10-2002 90046 003 ***150.00

DOCUMENT # P01000056950
1. Entity Name
 PRETTY DESIGNS, INC.

Principal Place of Business 14068 S.W. 47TH LANE MIAMI FL 33175	Mailing Address 14068 S.W. 47TH LANE MIAMI FL 33175
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2. Principal Place of Business 13900 SW 111 ST. Suite, Apt. #, etc.	3. Mailing Address 13900 SW 111 ST. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-1122246	Applied For Not Applicable
Zip 33186	Country USA	Zip 33186	Country USA

6. Name and Address of Current Registered Agent DIAZ, SONIA I 14068 S.W. 47TH LANE MIAMI FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE *[Signature]* **DATE** 4/23/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SONIA I. DIAZ		NAME SONIA I. DIAZ	
STREET ADDRESS 14068 S.W. 47TH LANE		STREET ADDRESS 13900 S.W. 111 ST.	
CITY-ST-ZIP MIAMI FL 33175		CITY-ST-ZIP MIAMI FL 33186	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DATE:** 4/23/02 **Daytime Phone #:** 305-553-4417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)