

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000077126**

1. Entity Name  
**IT'S MY BUSINESS, INC.**



Principal Place of Business  
**25 SE 2ND AVE., SUITE 919  
MIAMI, FL 33131**

Mailing Address  
**25 SE 2ND AVE., SUITE 919  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

08192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1131473**

Applied For  
Not Applicable

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

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

**TABAS, JOEL L  
25 SE 2ND AVE., SUITE 919  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000170597  
08/23/04-80002-012 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TABAS, SUSAN  
STREET ADDRESS 25 SE 2ND AVE., SUITE 919  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VD  
NAME TABAS, JOEL L  
STREET ADDRESS 25 SE 2ND AVE., SUITE 919  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

**8/19/04**

Date

**305 375 8171**

Daytime Phone #