

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91010 002 ***150.00

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1. Entity Name
NINA'S INTIMATE APPAREL, CORP.



Principal Place of Business

777 NW 72ND AVENUE
STE 2, PLAZA 6
MIAMI, FL 33126

Mailing Address

777 NW 72ND AVENUE
STE 2, PLAZA 6
MIAMI, FL 33126



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MARIA E
777 NW 72ND AVENUE
STE 2, PLAZA 6
MIAMI, FL 33126

**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 reinstating)

DATE

4/19/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ, MARIA E
STREET ADDRESS 777 NW 72ND AVENUE STE 2 PLAZA 6
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD
NAME DIAZ, FRANK
STREET ADDRESS 777 NW 72ND AVENUE STE 2 PLAZA 6
CITY-ST-ZIP MIAMI, FL 33126

TITLE STD
NAME DIAZ, NINA
STREET ADDRESS 777 NW 72ND AVENUE STE 2 PLAZA 6
CITY-ST-ZIP MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 261-7192

Date

Daytime Phone #

4/19/04