



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000213</b>	
1. Entity Name PURE BLISS, INC.	

Principal Place of Business 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431	Mailing Address 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431
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**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0519398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RASSI, DAVID 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASSI, DAVID 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KASAPIDIS, MARIA F 4245 N FEDERAL HIGHWAY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RASSI, GEORGE 4245 N FEDERAL HWY BOCA RATON, FL 33431
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03/12/05-80044-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 807, 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: Maria Kasapidis Maria FKasapidis 3-1-05 786-897-2055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #