## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 02, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000031465 VANESSA'S HOME FURNISHING USA, CORP. Principal Place of Business Mailing Address P.O. BOX 452633 P.O. BOX 452633 KISSIMMEE, FL 34745 KISSIMMEE, FL 34745 07222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0639414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BASTARDO, MARIA DO NOT WRITE 611 W VINE ST STE D KISSIMMEE, FL 34741 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 bite if applicable. (NOTE, Registered Agent stignaluré required when reinstating) \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE BASTARDO, MARIA NAME U00000168980 STREET ADDRESS 4160 BIG VALLEY BLVD 08/02/04-80005-011 150.00 CITY-5T-ZIP KISSIMMEE, FL 34746 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 3133LE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not outsify 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 it 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/4

407-846-0108

Daytime Phone #

**FILED**