2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPURI						_ May 05, 2005 08:00 AM				
DOCUMENT # P02000035335 1. Entity Name MY SECRET, INC.					May 03, 2005 08:00 AM Secretary of State					
Principal Place of Business Mailing Address					1					
· ·		2620 NW 5TH AVE								
• Fall =		MIAMI, FL 33127								
					 		ri Beres firet ente	a ijiwa isint mi	III WWE II FWWI	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112005	Chg-P	CR2E034	‡ (10/03)			
City & State		City & State		4. FEI Number			<u>-</u> -	oplied For		
Zip	Country	Zip	Country		23-0853			8.75 Add	ot Applicable	
						Status Desired	□ Fo	e Require		
	5. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Ag	ent		
LEE, EUN SIL				Marine						
2620 NW 5TH AVE MIAMI, FL 33127				Street Address (P.O. Box Number is Not Acceptable)						
				City				Zip Code	-	
				l '			FL	·		
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 Signaure type of bruses name of registered agent and tyle diapproable. (NOTT. Registered Agent signature required when reinstating) CATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Camp Trust Fund Con	algn Finar ntribution.		00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CI	HANGES TO OFF	ICERS AND D	RECTORS	5 IN 11	
TIMLE	PSD	☐ Delete	1015			() management		Change	Addition	
NAME STREET ADDRESS	LEE, EUN SIL 4165 NW 65TH AVE		NAM Stor	ET ADDRESS				10 1EC) 00 ·	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067			-ST-ZIP	Ì)5/05/05-6	3UU43=U2	10 15U	1.00	
TITILE	,	☐ Delete	TITLE		1 	·····		Change	Addition	
NAME			NAM					2 Cumiligo	i Youring	
STREET ADORESS CITY-ST-ZIP				EY ADDRESS • ST-ZIP						
TITLE	<u> </u>	☐ Delete	DILE				·] Change	☐ Addition	
NAME		□ belote	NAM				_] Onenge	- Addition	
STREET ADDRESS			STRE	ET ADDRESS						
CHY-S1-ZIP			CHTY	-ST-ZIP						
TIPLE		☐ Dele:e	DITE] Change	Addition	
NAME STREET AUDRESS			NAM:	ET ADDRESS						
CITY-ST-ZIP			4	-ST-ZIP						
מתכ		□ Delete	TITE!					Change	☐ Addillen	
NAME		***************************************	NAM				L.	yu	August / Horostist (
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP		<u> </u>		-ST-ZIP						
TITLS Name		☐ Delate	TITLE	1] Change	Addition	
STREET ADDRESS			NAME STREE	ET ADDRESS					Ì	
CITY-ST-ZIP			- 1	S1-ZIP						
12. I hereby c	certify that the information supplied with	this filing does not qualify fo	or the exer	notion stated in Sec	tion 119.07(3)(i),	Ficrida Statutes 1	further certify	that the in	formation	
et the core	cn this report or supplemental report in poration or the receiver or trustee empt or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signa: t as requir	ひてん くわかけ わるいひ だいみ む	arne logial effect a	e if mada undar a	athe that I are	an officer	or director 1	