
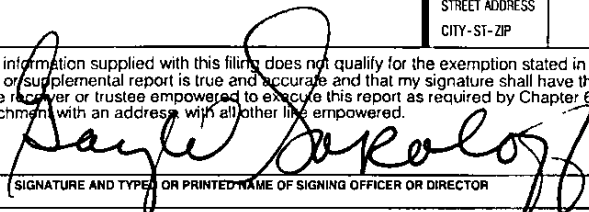


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90035 005 ***150.00

DOCUMENT # P02000044965 1. Entity Name LALIQUE INVESTMENTS, INC.					
Principal Place of Business 1025 SW MARTIN DOWNS BLVD. 202-D PALM CITY, FL 34990			Mailing Address C/O GAYLE SOKOLOFF 1934 SW YORK LANE PALM CITY, FL 34990		
2. Principal Place of Business 4285 SW MARTIN HWY Suite, Apt. #, etc. SUITE 101		3. Mailing Address Suite, Apt. #, etc. City & State PALM CITY, FL.			
City & State PALM CITY, FL.		City & State 		4. FEI Number 04-3679174	
Zip 34990		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOKOLOFF, GAYLE 1934 SW YORK LANE PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SOKOLOFF, GAYLE 1934 SW YORK LANE PALM CITY, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 line empowered.					
SIGNATURE: 			Date: 1/11/05 Daytime Phone #: 772-286-0347		

40001746



01112005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOKOLOFF, GAYLE
1934 SW YORK LANE
PALM CITY, FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

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CITY-ST-ZIP

P/D

SOKOLOFF, GAYLE

1934 SW YORK LANE

PALM CITY, FL 34990

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #