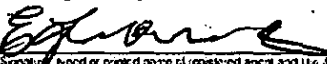
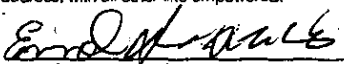


FILED
Jun 16, 2003 8:00 am
Secretary of State

05-16-2003 90186 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/16

DOCUMENT # P02000066475			
1. Entity Name JIGGA Love Lingerie inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1450 NE 163 ST Suite, Apt. #, etc.		3. Mailing Address 1450 NE 163 ST Suite, Apt. #, etc.	
City & State M. Miami Beach FL		City & State M. Miami Beach FL	
Zip 33162		Zip 333	
Country USA		Country USA	
4. FEI Number 421539625		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
7. Name and Address of Current Registered Agent			
Name Errol Lee Francis			
Street Address (P.O. Box Number is Not Acceptable) 1450 NE 163 ST			
City M. Miami Beach FL			
Zip Code 33162			
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  DATE 6-9-03			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Owner Errol Lee Francis 1450 NE 163 ST M. Miami Beach FL 33162			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE _____ DAY/PHONE # _____			

CR2E0348 (12/02)

Attachment

55048035

May 9th 2003
#P02000060475

To: Whom it May Concern

I Erot Francis of Giggs for
Lingerie Inc Did not receive

this Form Uniform Business Report

From you at time there for

I Shouldn't Be Responsible
for the late Fee

Thank You

Erot Francis