


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90033 027 ***150.00

DOCUMENT # P02000109581 1. Entity Name FINISHING TOUCHES & NECESSARY OBJECTS INC.																																																																																							
Principal Place of Business 4289 NW 63RD PLACE BOCA RATON, FL 33496		Mailing Address 4289 NW 63RD PLACE BOCA RATON, FL 33496																																																																																					
2. Principal Place of Business 944 Clint Moore Rd		3. Mailing Address 944 Clint Moore Rd																																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																					
City & State Boca Raton FL		City & State Boca Raton FL																																																																																					
Zip 33487		Zip 33487																																																																																					
Country 		Country 																																																																																					
6. Name and Address of Current Registered Agent STEINBERG-PACKMAN, GAIL 4289 NW 63RD PLACE BOCA RATON, FL 33496		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: <u><i>Gail Packman Steinberg</i></u> DATE: <u>3.4.04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> </tr> <tr> <td>NAME</td> <td>STEINBERG-PACKMAN, GAIL <input type="checkbox"/> Delete</td> <td>NAME</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4289 NW 63RD PLACE</td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33496</td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PD	TITLE		NAME	STEINBERG-PACKMAN, GAIL <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	4289 NW 63RD PLACE	STREET ADDRESS		CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 like empowered. SIGNATURE: <u><i>Gail Packman Steinberg</i></u> Date: <u>3.4.04</u> Daytime Phone #: <u>561 999 0336</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																							