


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1092

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

DOCUMENT # P02000127484				
1. Entity Name CHERYL LEVINE, INC.				
Principal Place of Business 8821 SW 105 ST MIAMI, FL 33176		Mailing Address 8821 SW 105 ST MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

REINSTATEMENT *04*



08192004 Chg-P CR2E034 (10/03) *MRS*

4. FEI Number
55-0806768

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LEVINE, CHERYL 8821 SW 105 ST MIAMI, FL 33176				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, CHERYL			NAME			
STREET ADDRESS	8821 SW 105 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33174			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALFONSO, JORYE			NAME			
STREET ADDRESS	8821 SW 105ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			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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10/15/04--01101--011 **158.75

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: *Cheryl Levine* 305-278-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

292

P02000127484
CHERYL LEVINE, INC.
8821 SW 105 ST.
MIAMI FL 33176

Dear Sir,

Please waive the \$400. late fee, since I never received the notice prior to this letter.

Please notify me of your response.

Thank you in advance
for your consideration.

Sincerely,

Cheryl Levine