

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-09-2004 90052 048 ***150.00

DOCUMENT # P03000002885	
1. Entity Name SENTIMENTAL MEMORIES INC	

Principal Place of Business 7644 CEDARHURST COURT LAKE WORTH FL 33467	Mailing Address 7644 CEDARHURST COURT LAKE WORTH FL 33467
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MOORE CR2E034 (11/03)

2. Principal Place of Business 7644 Cedar Hurst court	3. Mailing Address 7644 Cedar Hurst Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth Florida	City & State Lake Worth Florida	4. FEI Number 16-1648925	Applied For <input type="checkbox"/> Not Applicable
Zip 33467	Country USA	Zip 33467	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANKLIN, ELLIOTT 2777 S CONGRESS AVE LAKE WORTH FL 33467	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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME PANAIS, MARGARITA	
STREET ADDRESS 7644 CEDARHURST CT	
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE VP	<input type="checkbox"/> Delete
NAME PANAI-CALOMIRIS, JOANNE	
STREET ADDRESS 7630 DOWNWINDS LN	
CITY-ST-ZIP LAKE WORTH FL 33467	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Margarita Panais *Margarita Panais* Date: 2/2/2004 Daytime Phone #: 704-6326 433-4628