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Feb 04, 2004 8:00 am
Secretary of State
01-14-2004 90007 035 ***150.00

1/1

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003896

1. Entity Name
ATTENTIVELY YOURS, INC.

Principal Place of Business	Mailing Address
5402 NW 23RD TERRACE FT. LAUDERDALE, FL 33309	5402 NW 23RD TERRACE FT. LAUDERDALE, FL 33309

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1306 UNIVERSITY DRIVE		3611 OAKS CLUBHOUSE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103	
City & State: CORAL SPRINGS FL		City & State: POMPANO BEACH FL	
Zip: 33071	Country: USA	Zip: 33069	Country: USA

4. FEI Number 450496176 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIANFLONE, KAREN E
5402 NW 23RD TERRACE
FT. LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3611 OAKS CLUBHOUSE DRIVE
UNIT 103

City POMPANO BEACH FL Zip Code 33069

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 [signature] KAREN E. CIANFLONE PRESIDENT DATE 1/12/04

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P CIANFLONE, KAREN F 5402 NW 23RD TERRACE FT. LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3611 OAKS CLUBHOUSE DRIVE #103 POMPANO BEACH FL 33069	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] KAREN E. CIANFLONE PRESIDENT 1/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #