

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

02-26-2004 90014 034 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P03000007045 1. Entity Name GIRLS INVESTMENTS GROUP, INC. | | | | | |
| Principal Place of Business 20401 NW 2ND AVE., SUITE 220 MIAMI FL 33169 | | | Mailing Address 20401 NW 2ND AVE., SUITE 220 MIAMI FL 33169 | | |
| 2. Principal Place of Business 1191 NE 20 ST <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address <small>Suite, Apt. #, etc.</small> | | | |
| City & State NORTH MIAMI, FL <small>Zip</small> 33179 <small>Country</small> USA | | City & State <small>Zip</small> <small>Country</small> | | 4. FEI Number 04-3747762 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BREVITT-SCHOOP, MARIE, ESQ. 20401 NW 2ND AVE., SUITE 220 MIAMI FL 33169 | | | 7. Name and Address of New Registered Agent 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 <u><i>Marie Brevitt-Schoop</i></u> 2/21/04 <small>Signature, typed or printed name of registered agent and fee 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 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BREVITT-SCHOOP, C. MARIE 20401 NW 2ND AVE., SUITE 220 MIAMI FL 33169 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD BERNARD, MARLENE A 20401 NW 2ND AVE., SUITE 220 MIAMI FL 33169 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD WATSON, PAMELLA 20401 NW 2ND AVE., SUITE 220 MIAMI FL 33169 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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>Marie Brevitt-Schoop</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MARIE BREVITT-SCHOOP | | | 2/21/04 (205) 659-6959 <small>Date Daytime Phone #</small> | | |

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MOORE CR2E034 (11/03)