

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91028 050 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000008632		
1. Entity Name ELEGANT LADY, INC.		
Principal Place of Business 120 N M STREET STE D LAKE WORTH, FL 33460		Mailing Address 120 N M STREET STE D LAKE WORTH, FL 33460
2. Principal Place of Business 504 Lake Avenue		3. Mailing Address 504 Lake Avenue
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Lake Worth, FL		City & State Lake Worth, FL
Zip 33460-3809	Country USA	Zip 33460-3809
4. FEI Number 57-1152590		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TSIANTOS, GEORGE 120 N M STREET STE D LAKE WORTH, FL 33480		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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____		
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	D TSIANTOS, GEORGE 120 N M STREET STE D LAKE WORTH, FL 33460 ☐ 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
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>George Tsiantos</u> <u>GEORGE TSIANTOS</u> <u>561 5414360</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone/Fax #)		