2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P03000013932

DOCUMENT # 1903000013932 1. Entity Name TIHAGOS DESIGN & BRIDAL SHOP, INC.					Mar 02, 2006 08:00 AN Secretary of State				
Principal Place of Business 12250 S.W. 20TH TERR. #6 MIAMI FL 33175 US		Mailing Address 12250 S.W. 20TH TERR. #6 MIAMI FL 33175 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				t MOORE	CR2E034 (olied For
City & State Zip Country		City & State Zip Cour		ntry	4. FEI Numb	56-232059			Applicable
حب	Oblinity			,	5. Certificate	e of Status Desired		ee Required	
6. Name and Address of Current Registered Agent PEREZ, MARIA L 12250 S.W. 20TH TERR. #6 MIAMI FL 33175				7. Name and Address of New Registered Agent Name					
				Street Address	(P,O Box Number is Not Acceptable)				
Ihe obligat SIGNATURE F After	e named entity submits this statement fittons of registered agent Signature typed or protect name of registered agent FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0	and title if applicates		red office or registr		9. Election Cam Trust Fund Ci	DATE paign Financing	g \$5.0	OO May Be
	k Payable to Florida Department of OFFICERS AND		11		ADDITIONS	CHANGES TO O	EEICEDS AND E	NDECTORS	: INI 11
TO. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	P PEREZ, MARIA L 12250 S.W. 20TH TERR. #6 MIAMI FL 33175	Delet	e 111 MA STE CII CII 111	LE ME HEET ADDRESS Y-ST-ZIP LE	ADDITIONS	U000001 - 03713706-		Change	Addition Addition
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MILE		☐ Delet	te III	LE		·		Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREE I ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA L PEREZ PRESIDENT

02/27/2006

(305)553-5005

FILED

Date

Daylimo Phone #