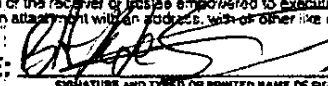


FILED
Jul 09, 2004 8:00 am
Secretary of State

04-30-2004 90342 002 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000015910			
1. Entity Name BETTY BOOPS, INC.			
Principal Place of Business 1762 MARSEILLE DR APT # 4 MIAMI, FL 33141		Mailing Address 1762 MARSEILLE DR APT # 4 MIAMI, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent KARAMANIAN, BEATRIZ 1762 MARSEILLE DR APT # 4 MIAMI, FL 33141		5. Name and Address of New Registered Agent Name OSCAR LOPEZ Street Address (P.O. Box Number is Not Acceptable) 825 ALTON RD. #03 City MIAMI BEACH FL 33139	
6. 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, typed or printed name of registered agent (if not a corporation) (DATE: Registered Agent signatures required when not a corporation) (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 (If any)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KARAMANIAN, BEATRIZ 1762 MARSEILLE DR, APT # 4 MIAMI, FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALANITRI, DANIEL 1762 MARSEILLE DR, APT # 4 MIAMI, FL 33141 ☐ 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
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 or without the empowered.			
SIGNATURE:  BEATRIZ KARAMANIAN		Date 07/03/04 Telephone (Area #)	