

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018557

FILED
Jan 27, 2005
Secretary of State

Entity Name: SPECIAL REQUESTS BY STEPHANIE & NICOLE, INC.

Current Principal Place of Business:

8335 BERMUDA SOUBD WAY
BOYNTON BCH, FL 33436

New Principal Place of Business:

640 E. OCEAN AVENUE
#8
BOYNTON BCH, FL 33435

Current Mailing Address:

4905 S LAKE DR.
BOYNTON BCH, FL 33436

New Mailing Address:

FEI Number: 04-3747273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUGAVERO, NICOLE
4905 S LAKE DR
BOYNTON BCH, FL 33436 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORFOGEN, STEPHANIE
Address: 8335 BERMUDA SOUND WAY
City-St-Zip: BOYNTON BCH, FL 33436

Title: DVST () Delete
Name: MUGAVERO, NICOLE
Address: 4905 S LAKE DR
City-St-Zip: BOYNTON BCH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE MUGAVERO

VPST

01/27/2005

Electronic Signature of Signing Officer or Director

Date