

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90220 033 ***158.75

DOCUMENT # P03000018557

1. Entity Name

SPECIAL REQUESTS BY STEPHANIE & NICOLE, INC.



Principal Place of Business

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

Mailing Address

**4905 S LAKE DR.
BOYNTON BCH FL 33436**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3747273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/06

**FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MORFOGEN, STEPHANIE**
CITY - ST - ZIP **8335 BERMUDA SOUND WAY
BOYNTON BCH FL 33436**

TITLE ☒ Change ☐ Addition
NAME **10385 St. Andrews Road**
STREET ADDRESS **Boynton Beach, FL 33436**
CITY - ST - ZIP

TITLE ☐ Delete
NAME **DVST**
STREET ADDRESS **MUGAVERO, NICOLE**
CITY - ST - ZIP **4905 S LAKE DR
BOYNTON BCH FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

[Handwritten Signature] **Nicole Mugavero, VP**

2/10/06

Date

561 738 0707

Daytime Phone #



ATTACHMENT
50002808

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2006

SPECIAL REQUESTS BY STEPHANIE & NICOLE, INC.
4905 S LAKE DR.
BOYNTON BCH, FL 33436

SUBJECT: SPECIAL REQUESTS BY STEPHANIE & NICOLE, INC.
Ref. Number: P03000018557

We have received your document for SPECIAL REQUESTS BY STEPHANIE & NICOLE, INC. and check(s) totaling \$1255.53. However, your check(s) and document are being returned for the following:

The check submitted is not payable to Department of State.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 506A00014181