## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

822 NW 208 TERR.

PEMBROKE PINES, FL 33029

**DOCUMENT # P03000023362** 

Country

BEAUTIFUL PARTY FAVORS, INC.

1. Entity Name

Principal Place of Business

PEMBROKE PINES, FL 33029

2. Principal Place of Business

the obligations of registered agent.

SIGNATURE: 1

Suite, Apt. #, etc.

City & State

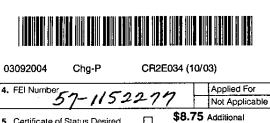
Zip

822 NW 208 TERR.



FILED Apr 01, 2004 8:00 am Secretary of State 04-01-2004 90036 031 \*\*\*150.00

24032670



5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VILLEGAS, JANET Street Address (P.O. Box Number is Not Acceptable) 822 NW 208 TERR. PEMBROKE PINES, FL 33029 Zip Code City

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

Country

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete ☐ Change ☐ Addition TITLE TITLE VILLEGAS, JOSE NAME NAME STREET ADDRESS 822 NW 208 TERR. STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE Change ☐ Addition TITLE VILLEGAS, JANET NAME 822 NW 208 TERR. STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33029 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ING OFFICER OR DIRECTOR