FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90020 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023362

1. Entity Name
BEAUTIFUL PARTY FAVORS, INC.

Principal Place of Business	Mailing Address
822 NW 208 TERR. PEMBROKE PINES, FL 33029	822 NW 208 TERR. PEMBROKE PINES, FL 33029

2. Principal Place of Business	3. Mailing Address
21011 JOHNSON ST	
Suite, Apt. #, etc.: Suiete # 126	Suite, Apt. #, etc.:
City & State: Pembroke Pines FL	City & State: +
Zip: 33029 Country: USA	Zip: Country:

07122005 Chg-P CR2E004 (10/03)

4. FEI Number: 57-1152277 ☐ 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
VILLEGAS, JANET 822 NW 208 TERR. PEMBROKE PINES, FL 33029	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: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: VILLEGAS, JOSE. STREET ADDRESS: 822 NW 208 TERR. CITY-ST-ZIP: PEMBROKE PINES, FL 33029	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VD NAME: VILLEGAS, JANET STREET ADDRESS: 822 NW 208 TERR. CITY-ST-ZIP: PEMBROKE PINES, FL 33029	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 7/12/05 (954)5542285

B: (954)5171381