

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90035 038 ***150.00

DOCUMENT # P03000024422

1. Entity Name
SOPHISTICATED SENSUALITY, INCORPORATED



Principal Place of Business
**10711 SW 216TH ST
STE #214
MIAMI, FL 33170 US**

Mailing Address
**P O BOX 972012
MIAMI, FL 33197-2012 US**

50066213



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312005

Chg-P

CR2E034 (10/03)

4. FEI Number
54-2097066

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

**RICHARDSON, LAKISHA D
9932 SW 224TH ST
APT #204
MIAMI, FL 33190**

Name **RICHARDSON, LAKISHA D**
Street Address (P.O. Box Number is Not Acceptable)
22328 SW 103RD AVE
City **MIAMI** FL Zip Code **33190**

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, 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 **PVST** ☐ Delete
NAME **HARRINGTON, THOMAS W II**
STREET ADDRESS **9932 SW 224 ST #204**
CITY-ST-ZIP **MIAMI, FL 33190**

TITLE **PVST** ☒ Change ☐ Addition
NAME **HARRINGTON, II THOMAS W**
STREET ADDRESS **22328 SW 103RD AVE**
CITY-ST-ZIP **MIAMI FL 33190**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS W. HARRINGTON, II 09/03/05 786 229-7744