2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027391

Entity Name: KATHERINE'S BAGS, CORP.

FILED Jan 26, 2005 Secretary of State

9024 COLLINS AVENUE #12 1301 NE 191TH STREET SURFSIDE, FL 33154

316

N MIAMI, FL 33179

Current Mailing Address: New Mailing Address:

9024 COLLINS AVENUE #12 1301 NE 191TH STREET

SURFSIDE, FL 33154

N MIAMI, FL 33179

FEI Number: 04-3746607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GLORIA, PULIDO GLORIA, PULIDO 9024 CÓLLINS AVENUE #12 1301 NE 191TH STREET SURFSIDE, FL 33154 316 N MIAMI, FL 33179 US

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: GLORIA PULIDO

01/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

Name: ANZOLA, ANGEL Name: CARRERA 95A #145-04, LA CAMPINA DE SUBA Address: Address:

City-St-Zip: BOGOTA, COLOMBIA, City-St-Zip:

Title: VTD Title: () Delete () Change () Addition

BOHORQUEZ, CLARA L Name: Name: CARRERA 95A #145-04, LA CAMPINA DE SUBA Address: Address: BOGOTA, COLOMBIA, City-St-Zip: City-St-Zip:

Title: Title: SD () Delete SD (X) Change () Addition

PULIDO, GLORIA Name: PULIDO, GLORIA Name:

9024 COLLINS AVENUE, APT. 12 Address: 1301 NE 191TH STREET #316 Address:

City-St-Zip: SURFSIDE, FL 33154 City-St-Zip: N MIAMI, FL 33179

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: GLORIA PULIDO SD 01/26/2005