

FILED  
Jun 23, 2004 8:00 am  
Secretary of State

4/29/

04-29-2004 90336 030 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000035696

1. Entity Name  
BLUSHING BRIDES OF FLORIDA, INC.



Principal Place of Business  
1756 N BAYSHORE DRIVE  
16K  
MIAMI, FL 33132

Mailing Address  
1756 N BAYSHORE DRIVE  
16K  
MIAMI, FL 33132

66428918



2. Principal Place of Business  
1251 SE 27th Street

3. Mailing Address  
1251 SE 27th Street

Suite, Apt., #, etc.  
#204

Suite, Apt., #, etc.  
#204

04212004

Chg-P

CR2E034 (10/03)

City & State  
Homestead FL

City & State  
Homestead FL

4. FEI Number  
74-3085737

Applied For  
Not Applicable

Zip  
33035

Country  
U.S.A

Zip  
33035

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, YVONNE N  
1756 N. BAYSHORE DRIVE  
16K  
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name  
HARRIS, YVONNE N  
Street Address (P.O. Box Number is Not Acceptable)  
1251 SE 27th Street, #204  
City  
Homestead FL Zip Code  
33035

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  
Yvonne N. Harris

DATE  
4/22/04

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Yvonne N. Harris  
1251 SE 27th Street, #204  
Homestead, FL 33035

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: Yvonne N. Harris

DATE  
4/22/04

DAYTIME PHONE  
(305) 230-0313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE