


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-02-2004 90015 026 ***158.75

| | |
|--|---|
| DOCUMENT # P03000041101 |  |
| 1. Entity Name FIRST IMPRESSIONS BY BILLIE, INC. | |

| | |
|--|--|
| Principal Place of Business 6801 NW 25 WAY FT. LAUDERDALE FL 33309 | Mailing Address 6801 NW 25 WAY FT. LAUDERDALE FL 33309 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address PO BOX 8258 Suite, Apt. #, etc. |
|---|---|

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|--|--|
| City & State CORAL SPs - FL. | City & State CORAL SPs - FL. |
| Zip 33075 | Country BROWARD |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent WILSON, ARLENE 6801 NW 25 WAY FT. LAUDERDALE FL 33309 | |
|---|--|

66432090



MOORE CR2E034 (4/04)

| | |
|--|--|
| 4. FEI Number 65-0845461 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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 | D WILSON, ARLENE 6801 NW 25 WAY FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Arleene P. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04 954-695-0491
Date Daytime Phone #

Attachment

66432090

AUGUST 13, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

REFERENCE NUMBER :-

PO3000041101

SIR / MADAM,

PLEASE FIND
FEI NUMBER ON 2004 FOR
PROFIT CORPORATION ANNUAL
REPORT. PER YOUR REQUEST.
THANKS FOR YOUR

PATIENCE



ARLENE P. WILSON