

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/22/2004-90001-005-\$150.00-\$150.00

183

DOCUMENT # P03000042792

1. Entity Name
ILLUSTRATED INK INC.,



FILED

05 JAN 10 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8400 N MISSIONWOOD CIRCLE
MIRAMAR, FL 33025

Mailing Address
8400 N MISSIONWOOD CIRCLE
MIRAMAR, FL 33025

2. Principal Place of Business
Illustrated Ink Inc.

3. Mailing Address
8400 N. Missionwood Cir

City & State
Miramar, FL

Zip
33025

Country
Broward



09172004 Chg-P CR2E034 (10/03)

4. FEI Number
33-10-57027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELAZAIRE, LORDGYN
8400 N MISSIONWOOD CIRCLE
MIRAMAR, FL 33025

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: *Jordan Belizaire* 10/25/09

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELAZAIRE, LORDGYN	
STREET ADDRESS	8400 N MISSIONWOOD CIRCLE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 04

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: *Jordan Belizaire* 09/16/04 (305) 624-3333

Signature and typed or printed name of signing officer or director

Date Daytime Phone

293

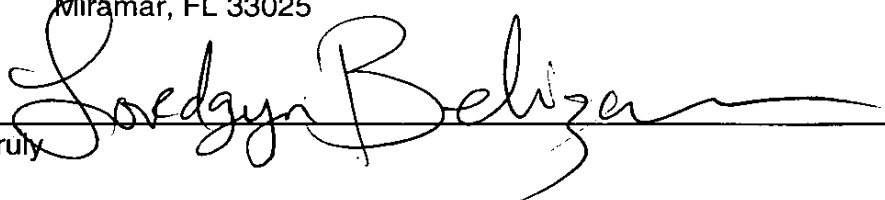
To Whom it may concern at Florida department of state

I Lordgyn Belizaire, for Illustrated INK inc. reference # P03000042792. would like to start by saying I am a Florida resident and all so have family in Haiti. In the month of August -September I have been inconvenienced by the Hurricanes. All of my time, money and energy has been spend on taking care of my family in Florida as well as in Haiti. I was very appreciative and relieved that there was an extension on the late fee. I sent my payment before October 1st and received your letter stating you received my annual report/ uniform business report, thru check for \$150.00. However you stated that there's also a late fee for the \$400.00 dollars. So now I'm facing a dissolution / revocation within 30 days. I was not aware of an annual report that has to be paid yearly. This is my first year as a businesses owner and My first time making a payment so I did not know what steps to take. Your wed-site was down when I was trying to make a payment, the wed-site stated it was down cause of the hurricane and late fees were waved until October 1st. So I am confused on why I am having to pay a late charge. Please consider my letter and all that I have been thru, I am the only provider in my family of six and can't afford revocation. I would of never let it come this far, with a late fee, but I was told by your rep and also read the statement on the computer about the extension on the late fee.

Please call if any questions call at (954) 442- 0546

8400 N. Missionwood Cir.

Miramar, FL 33025


truly _____ Yours

303 November 24.04
Illustrated Ink Inc
8400 N. Missionwood Cir
Miramar, FL 33025
P03000042792

Florida Department of State,

I am terribly sorry for all the confusion on my first payment, But I didn't receive an annual report notice. And was not aware of such yearly payment. I am aware now and will make sure to make my payment with or without a notice to avoid such confusion. Thank you for your patience.

P.S Make sure to put North Missionwood, because there are a N and S. 8400 in my complex and many times my mail is sent to them and there mail are sent to me.

Sincerely,
Loregyn Belizian