2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P03000048441 04-19-2004 90287 041 ***158.75 DULCE VIDA FASHIONS, INC. Principal Place of Business Mailing Address 94054910 4236 CENTRAL SARASOTA PKWY STE 924 4236 CENTRAL SARASOTA PKWY STE 924 SARASOTA, FL 34238 SARASOTA, FL 34238 2. Principal Place of Business 3. Mailing Address San 110 Davinci Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number Nokomis Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maria James JAMES, MARIA Street Address (P.O. Box Number is Not Acceptable) 4236 CENTRAL SARASOTA PKWY STE 924 SARASOTA, FL 34238 110 Davinci 1)15 City NOXOM1'S 8. The above named entit ubmits 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 SIGNATURE... (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be_ 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠP TITLE Delete TITLE (X) Change Maria James NAME JAMES, MARIA NAME 4236 CENTRAL SARASOTA PKWY STE 924 STREET ADDRESS STREET ADDRESS 110 Davinci DR. CITY-ST-7IP る4275 CITY-ST-7IP SARASOTA, FL 34238 NOKOMIK TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete [] Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 th an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

941-321-5175