

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90287 041 ***158.75

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1. Entity Name
DULCE VIDA FASHIONS, INC.

Principal Place of Business
**4236 CENTRAL SARASOTA PKWY STE 924
 SARASOTA, FL 34238**

Mailing Address
**4236 CENTRAL SARASOTA PKWY STE 924
 SARASOTA, FL 34238**

94054910

2. Principal Place of Business
110 Davinci DR
 Suite, Apt. #, etc.

3. Mailing Address
Same as 2.
 Suite, Apt. #, etc.



04142004 Chg-P CR2E034 (10/03)

City & State
NOKOMIS FL

City & State

4. FEI Number

Applied For
 Not Applicable

Zip **34275** Country **USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, MARIA
4236 CENTRAL SARASOTA PKWY STE 924
SARASOTA, FL 34238

Name **MARIA James**

Street Address (P.O. Box Number is Not Acceptable)

110 Davinci DR

City **NOKOMIS**

FL

Zip Code **34275**

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 *Maria James*

4-14-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** Delete
 NAME **JAMES, MARIA**
 STREET ADDRESS **4236 CENTRAL SARASOTA PKWY STE 924**
 CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **DP** Change Addition
 NAME **Maria James**
 STREET ADDRESS **110 Davinci DR.**
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 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: *Maria James*

4-14-04

941-321-3175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #