

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-17-2004 90006 010 ***158.75

DOCUMENT # P03000050992

1. Entity Name
MYAVERY, INC.



Principal Place of Business
**3281 E GOLF BLVD UNIT 26
POMPANO BCH, FL 33064**

Mailing Address
**3281 E GOLF BLVD UNIT 26
POMPANO BCH, FL 33064**

4400J001

2. Principal Place of Business
1967 NE 53 Ct
Suite, Apt. #, etc.

3. Mailing Address
1967 NE 53 Ct
Suite, Apt. #, etc.



09102004 Chg-P CR2E034 (10/03)

City & State
Pompano Beach FL
Zip
33064 Country
USA

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Pompano Beach FL
Zip
33064 Country
USA

4. FEI Number
56-2363006 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, SHAUN
3281 E GOLF BLVD UNIT 26
POMPANO BCH, FL 33064**

(Same agent
new address)

7. Name and Address of New Registered Agent

Name
Thomas, Shaun
Street Address (P.O. Box Number is Not Acceptable)
1967 NE 53 Ct.
City
Pompano Beach FL Zip Code
33064

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 **Shaun Thomas** **9/1/04**
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
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** **Vice President** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Amy Thomas
1967 NE 53 Ct.
Pompano Beach, FL 33064**

TITLE **P** **President** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Shaun Thomas
1967 NE 53 Ct
Pompano Beach, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04 **954-675-4907**
Date Daytime Phone #