


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90728 030 ***150.00

DOCUMENT # P03000053173
 1. Entity Name
 WORTH AVENUE ALTERATIONS CO.



Principal Place of Business: 240 WORTH AVENUE., SUITE M, PALM BEACH, FL 33480
 Mailing Address: 240 WORTH AVENUE., SUITE M, PALM BEACH, FL 33480

2. Principal Place of Business: 240 Worth Avenue, Suite, Apt. #, etc. M
 3. Mailing Address: 240 Worth Avenue, Suite, Apt. #, etc. M

City & State: PALM BEACH, FL
 City & State: PALM BEACH, FL
 Zip: 33480 Country: [blank]
 Zip: 33480 Country: [blank]



04282004 Chg-P CR2E034 (10/03)

4. FEI Number: 55-0829884
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 DELGADO, ELSA
 240 WORTH AVENUE., SUITE M
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
 Name: [blank]
 Street Address (P.O. Box Number is Not Acceptable): [blank]
 City: [blank] FL Zip Code: [blank]

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: ELSA DELGADO [Signature] 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE	D	<input type="checkbox"/> Delete
NAME	NEALS, VONCIER	
STREET ADDRESS	4741 NORTH AUDTRALIAN AVENUE., 1-202	
CITY-ST-ZIP	WEST PALM BEACH, FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, ELSA	
STREET ADDRESS	6034 BANIA WOOD CIRCLE	
CITY-ST-ZIP	LANTANA, FL 33462	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ELSA DELGADO [Signature] 4/29/04 561-833-5973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo/Phone #