

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90728 030 ***150.00

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|---|--|---|---|
| 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 Zip 33480 | | City & State PALM BEACH, FL Zip 33480 | |
| 4. FEI Number 55-0829884 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <i>Chad Delgado</i> 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete NEALS, VONCIER 4741 NORTH AUDTRALIAN AVENUE., 1-202 WEST PALM BEACH, FL 33404 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> Delete DELGADO, ELSA 6034 BANIA WOOD CIRCLE LANTANA, FL 33462 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 <i>Chad Delgado</i> 4/29/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 561-833-5973 <small>Date Day/mo/Phone #</small> | |