

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90025 016 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # P03000053844 1. Entity Name CRUISING BY DESIGN, INC. | | | | | |
| Principal Place of Business 1904 S OCEAN DR #TS102 HALLANDALE BCH, FL 33009 | | | Mailing Address 1904 S OCEAN DR #TS102 HALLANDALE BCH, FL 33009 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | <div style="font-size: 24px; font-weight: bold;">94047235</div> | |
| 4. FEI Number <div style="font-size: 18px; font-weight: bold;">35-2205809</div> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | <div style="font-weight: bold;">\$8.75 Additional Fee Required</div> | |
| <div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent ALEXANDER, CAROL E 1904 S OCEAN DR #TS102 HALLANDALE BCH, FL 33009 </div> <div> 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> </div> </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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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"/> | | <div style="font-weight: bold;">\$5.00 May Be Added to Fees</div> | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ALEXANDER, CAROL E 1904 S OCEAN DR #TS102 HALLANDALE BCH, FL 33009 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST GARCIA, VICKY 1904 S OCEAN DR #TS102 HALLANDALE BCH, FL 33009 <input type="checkbox"/> Delete | | 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: <i>Carol E. Alexander</i> CAROL E. ALEXANDER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <div style="display: flex; justify-content: space-between;"> Date: <i>04/04/04</i> Daytime Phone #: <i>954 455-5909</i> </div> | | |