

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90296 047 ***150.00

DOCUMENT # P03000057931

1. Entity Name

DOROTHY'S BRIDAL, INC.



Principal Place of Business

2905 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023

Mailing Address

2905 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023

2. Principal Place of Business

5927 Hollywood Blvd Suite, Apt. #, etc.

3. Mailing Address

5927 Hollywood Blvd Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0999653

Applied For

Not Applicable

Zip

33021

Country

Broward

Zip

33021

Country

Broward

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANT, DOROTHY
2905 SOUTH STATE ROAD 7
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

Dorothy Grant

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

5927 Hollywood Blvd

City

Hollywood

FL

Zip Code

33021

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Dorothy Grant	
STREET ADDRESS	16721 SW 14 St Pembroke Pine FL	
CITY-ST-ZIP	33027	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Bernadette Slater	
STREET ADDRESS	16721 SW 14 St Pembroke Pine FL	
CITY-ST-ZIP	33027	
TITLE	Tiriah Grant	<input type="checkbox"/> Delete
NAME	Tiriah Grant	
STREET ADDRESS	16721 SW 14 St	
CITY-ST-ZIP	Pembroke Pine FL	
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
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
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: Dorothy Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/04