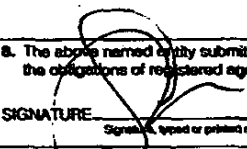


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

01-20-2004 90067 026 ***150.00
03-12-2004 90023 008 ***150.00

DOCUMENT # P600114640570			
1. Entity Name SOULMATES FOREVER INC			
Principal Place of Business 3962/3958 N.W. PINE ISLAND RD MAYLACHA, FL 33993		Mailing Address	
2. Principal Place of Business 3962/3958 N.W. PINE ISLAND RD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MAYLACHA FL		City & State	
Zip 33993	Country USA	Zip	Country
4. Name and Address of Current Registered Agent STACIE LEE TOSCANO P.O. BOX 98 MAYLACHA, FL 33993		5. Name and Address of New Registered Agent Name NICOLE LEE CAPOBIANCO Street Address (P.O. Box Number is Not Acceptable) 1707 S.E. VAN LOON TERRACE City CAPE CORAL FL Zip Code 33990	
6. 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 		DATE 1/15/04	
FILE MONTH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P DOMINICK TOSCANO 2122 S.W. 13TH AVE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICOLE L. CAPOBIANCO 1707 S.E. VAN LOON TERRACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STACIE L. TOSCANO 2122 S.W. 13TH AVE CAPE CORAL, FL 33991	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY STACIE LEE TOSCANO P.O. BOX 98 MAYLACHA, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(b), 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 endorsement with an address, with all other like empowered.			
SIGNATURE: 		DATE 1/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR			