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 # P60011964 0570

1. Entity Name
SOULMATES FOREVER INC

Principal Place of Business: 3962|3958 N.W. PINE ISLAND RD MATLACHA, FL 33993
Mailing Address:

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3962|3958 N.W. PINE ISLAND RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MATLACHA FL		City & State:	
Zip: 33993	Country: USA	Zip:	Country:

4. FEI Number: 830346001 (crossed out: 46-8012867885-4) ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STACIE LEE TOSCANO
P.O. BOX 98
MATLACHA, FL 33993

7. 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

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] DATE: 1/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	PRESIDENT	☒ Change ☒ Addition
NAME	DOMINICK TOSCANO		NAME	NICOLE L. CAPOBIANCO	
STREET ADDRESS	2122 S.W. 13TH AVE		STREET ADDRESS	1707 S.E. VAN LOON TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	OWNER	☒ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	STACIE L TOSCANO		NAME	STACIE LEE TOSCANO	
STREET ADDRESS	2122 S.W. 13TH AVE		STREET ADDRESS	P.O. BOX 98	
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP	MATLACHA, FL 33993	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 1/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #