

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90046 042 \*\*\*150.00

**DOCUMENT # P03000062375**

1. Entity Name

KATIE'S AFRICAN FASHIONS BOUTIQUE, INC.



Principal Place of Business

12441 89TH PL N  
W PALM BCH FL 33412

Mailing Address

12441 89TH PL N  
W PALM BCH FL 33412

2. Principal Place of Business

43 East Bivertown Blvd  
Suite, Apt. #, etc.

3. Mailing Address

12441 89TH P. N.  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Riviera Bch  
33404 Palm Bch

City & State

West Palm Bch FL  
33412 Palm Bch

4. FEI Number

90-0090330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLYMORE, GLADSTONE  
12441 89TH PL N  
W PALM BCH FL 33412

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Gladstone Collymore*

Signature, typed or printed name of registered agent and title if applicable.

*GLADSTONE COLLYMORE*

(NOTE: Registered Agent signature required when reinstating)

2-18-04

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 D ☐ Delete  
NAME COLLYMORE, GLADSTONE  
STREET ADDRESS 12441 89TH PL N  
CITY-ST-ZIP W PALM BCH FL 33412

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Gladstone E. Collymore* *GLADSTONE COLLYMORE (561) 790-7510*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #