


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90011 031 \*\*\*150.00

**DOCUMENT # P03000078290**

1. Entity Name  
**IT'S ABOUT YOU, INC.**



Principal Place of Business  
**2009 1ST AVENUE EAST  
 BRADENTON, FL 34208**

Mailing Address  
**2009 1ST AVENUE EAST  
 BRADENTON, FL 34208**

**50064520**



2. Principal Place of Business  
**2205 12th St W**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2205 12th St. W**  
 Suite, Apt. #, etc.

08302005 Chg-P CR2E034 (10/03)

City & State  
**Palmetto FL**

City & State  
**Palmetto FL**

Zip  
**34221** Country  
**USA**

Zip  
**34221** Country  
**USA**

4. FEI Number  
**56-2379730**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CADENA, HERMAN M  
 2009 1ST AVENUE EAST  
 BRADENTON, FL 34208**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2205 12th St W**  
 City **Palmetto** FL Zip **34221**

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: **8-31-05**

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  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CADENA, HERMAN M <del>2009 1ST AVENUE EAST BRADENTON, FL 34208</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CADENA, ISMAEL 2009 1ST AVENUE EAST BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMIREZ, ERVIS F 2009 1ST AVENUE EAST BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2205 12th St W Palmetto FL 34221</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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]* DATE: **8-31-05** DAYTIME PHONE #: **941-705-4999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR