
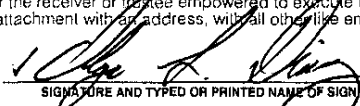


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90280 045 ***150.00

DOCUMENT # P03000087658 1. Entity Name TREASURED MOMENTS CUSTOM SCRAPBOOKING, INC.																													
Principal Place of Business 2451 N.W. 96TH TERRACE SUITE 21-G PEMBROKE PINES, FL 33024			Mailing Address 2451 N.W. 96TH TERRACE SUITE 21-G PEMBROKE PINES, FL 33024																										
2. Principal Place of Business 4025 North Nob Hill Road Suite, Apt. #, etc. 102			3. Mailing Address P.O. BOX 245384 Suite, Apt. #, etc.																										
City & State Sunrise, FLORIDA		City & State Pembroke Pines, FLORIDA		4. FEI Number 14-1893122																									
Zip 33351		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent - DIAZ, OLGA L 2451 N.W. 96TH TERRACE SUITE 21-G PEMBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIAZ, OLGA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 245384</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PEMBROKE PINES, FL 33024</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	DIAZ, OLGA L		STREET ADDRESS	P.O. BOX 245384		CITY- ST- ZIP	PEMBROKE PINES, FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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.																													
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 3/30/04 <small>Date</small> </div> <div> (354) 254-0937 <small>Daytime Phone #</small> </div> </div>																													

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