

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90150 040 \*\*\*150.00

**DOCUMENT # P03000087658**

1. Entity Name  
**TREASURED MOMENTS CUSTOM SCRAPBOOKING,  
INC.**



Principal Place of Business  
**4025 NORTH NOB HILL RD., #102  
SUNRISE, FL 33351**

Mailing Address  
**PO BOX 245384  
PEMBROKE PINES, FL 33024**

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**14-1893122**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ, OLGA L**  
**2451 N.W. 96TH TERRACE- 14012 Colonial Grand Blvd.**  
**SUITE 21-G #609**  
**PEMBROKE PINES, FL 33024 Orlando, FL 32837**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DIAZ, OLGA L
STREET ADDRESS	<del>P.O. BOX 245384</del> 14012 Colonial Grand Blvd. #609
CITY - ST - ZIP	PEMBROKE PINES, FL 33024 Orlando, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, trustee, or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/05**  
Date

Daytime Phone # \_\_\_\_\_