2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094720

FILED Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90047 003 ***158.75

Date

1. Entity Name WRAPSODIES, INC.								
Principal Place of Business		Mailing Address		_		U Z 1	Z V V V X	v
20330 NORTHEAST 3RD COURT #2		20330 NORTHEAST 3RD COURT #2						
MIAMI, FL 33179		MIAMI, FL 33179				6 14 61 14 61 16 161 61	EU 18812 11811 681	` 814 116
2. Principal Place of Business		3. Mailing Address BIS Cayne BVd				j iii 11 11. 11 11 1611 17	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #274		020420		CR2E0	34 (10/03)	
City & State	e	City & State Aven+	ura, FL	_ 4. FEI N.	0334	192	 -	plied For at Applicable
Zip	Country	^{zip} 33180	Country U.S.	A 5. Certifi	cate of Status Des		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name	and Address of I	New Registered	Agent	-
KAMAU, JANE 20330 NORTHEAST 3RD COURT			Name Street Add	Street Address (P.O. Box Number is Not Acceptable)				
#2 MIAMI, FL			<u> </u>					
WIIAWII, FL	331/9		City			FL	Zip Code	9
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								
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	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Financing ution.	\$5.00 May B Added to Fees	e	٠			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIO	NS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
TITLE NAME	PVST KAMAU, JANE	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS	20330 NORTHEAST 3RD COURT	Г#2	STREET ADDRESS					İ
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12. I hereby certify that the information supplied with this filling 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 trusted 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 addiess, with all other like empowered.								

SIGNATURE AND TWEED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: