


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90105 029 ***150.00

DOCUMENT# P03000095206	
1. Entity Name SHEILA'S CONSIGNMENT, INC.	

Principal Place of Business 384 N CONGRESS AVE BOYNTON BEACH FL 33426	Mailing Address 801 NW 6TH AVENUE BOCA RATON FL 33432-2561
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2. Principal Place of Business 384 N Congress Ave	3. Mailing Address 801 NW 6 Ave
Suite, Apt. #, etc. Boynnton Bch.	Suite, Apt. #, etc.
City & State Fl.	City & State Boca Raton Fl
Zip 33426	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 02-0704491		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DESJARDINS, SHEILA 801 NW 6TH AVENUE BOCA RATON FL 33432-2561		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DESJARDINS, SHEILA 801 NW 6TH AVENUE BOCA RATON FL 33432-2561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Sheila Desjardins Sheila Desjardins -3-29-05 367-7360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #