

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000101303

1. Entity Name
LIVETTE BRIDAL'S AND ACCESSORIES INC.



Principal Place of Business
12293 PEMBROKE RD
PEMBROKE PINES, FL 33025

Mailing Address
12293 PEMBROKE RD
PEMBROKE PINES, FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VALLADARES, CELESTE
6675 W 4 AVE #408
HIALEAH, FL 33016

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, IBETH**
STREET ADDRESS **12293 PEMBROKE RD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE **V** ☐ Delete
NAME **YEPES, LIDIA**
STREET ADDRESS **12293 PEMBROKE RD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE ☐ Delete
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 MAR 31 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302004 Chg-P CR2E034 (10/03)

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Daytime Phone #

03/30/04