


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 16 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000110973 1. Entity Name THE BRIDAL PRINCESS, CORP.					
Principal Place of Business 15427 SW 62ND TERRACE MIAMI, FL 33193			Mailing Address 15427 SW 62ND TERRACE MIAMI, FL 33193		
2. Principal Place of Business 7225 NW 25 STREET		3. Mailing Address SAME			
Suite, Apt. #, etc. # 300-2		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State 			
Zip 33122		Country DADE		Zip 	
Country 		4. FEI Number 08122004 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GUILLOTTI, HADA N 15427 SW 62ND TERRACE MIAMI, FL 33193				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 <u><i>Hada N. Guillotti</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUILLOTTI, HADA N 15427 SW 62ND TERRACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800040495598 08/25/04--01034--018 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Hada N. Guillotti</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

262

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150..00 for the annual report fee with my application.

Please be advise that we moved to 7225 NW 25 STREET # 300-2 - STE 1105-MIAMI, FL 33122 and we did not receive the U.B.R. for 2004 or any other notice from the Division of Corporations in respect with the Corporation **THE BRIDAL PRINCESS, CORP.**

Thank you for your courtesy in this matter.



HADA N GUILLOTTI
PRESIDENT