

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047102

Entity Name: ELEGANTE BASKETS CORP

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 190425
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

3412 SOUTH UNIVERSITY DRIVE
UNIVERSITY PARK PLAZA
DAVIE, FL 33328

Current Mailing Address:

P.O. BOX 190425
FORT LAUDERDALE, FL 33319

New Mailing Address:

3412 SOUTH UNIVERSITY DRIVE
UNIVERSITY PARK PLAZA
DAVIE, FL 33328

FEI Number: 77-0623352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDRADE, SHEILA V
1741 N.W. 71 AVE
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: ANDRADE, SHEILA V
Address: P.O. BOX 425
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: VP,S () Delete
Name: AANDRADE, LORI M
Address: P.O. BOX 425
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: ANDRADE, SHEILA V
Address: 1741 NW 71ST AVENUE
City-St-Zip: PLANTATION, FL 33313

Title: VP,S (X) Change () Addition
Name: AANDRADE, LORI M
Address: 1741 NW 71ST AVENUE
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA ANDRADE

MS

04/22/2005

Electronic Signature of Signing Officer or Director

Date