

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90342 003 ***150.00

DOCUMENT # P04000058018

1. Entity Name
42ND STREET DANCE BOUTIQUE, INC.



Principal Place of Business
**18124 GUNN HWY
ODESSA, FL 33556**

Mailing Address
**18124 GUNN HWY
ODESSA, FL 33556**

50038548



2. Principal Place of Business
13717 N. DALE MABRY HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State
TAMPA

City & State

4. FEI Number
20-0982498

Applied For
Not Applicable

Zip
33618

Country
HILLSBORO

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIZBORSKI, JAY A
18124 GUNN HWY
ODESSA, FL 33556**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **NIZBORSKI, JAY A**
STREET ADDRESS **18124 GUNN HWY**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MIJARES, GARBINE**
STREET ADDRESS **18124 GUNN HWY**
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

UCC Pres

4-12-05

813 264 9095