## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 08, 2005 8:00 am Secretary of State

, ANNUAL ILLI UNI							Secre	tary or	Stau
DOCUMENT # P04000080437  1. Entity Name EXQUISITE DESIGNS BY MARIA, INC.								05 90526 008	
Principal Place	a of Rusines	•	Mailing Address						
607 S. MARKI FT. PIERCE, F	ET AVENUE	_	607 S. MARKET AVEN	607 S. MARKET AVENUE BAY 21 FT. PIERCE, FL 34982		4 100 to page 477.1	602233	. 4719) (PA) 6845 MAPS MA	18 <b>1</b> 2 (1 18 11
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #. etc.			04052005	Chg-P	CR2E034 (10/03	)
City & State			City & State			4. FEI Number	16317		Applied For Not Applicable
Zip	Country		Zip	Count	try	5. Certificate of	of Status Desired	See Requi	
	6. Name	and Address of Cu	rrent Registered Agent		7. Name and	Address of New R	egistered Agent		
VOUNG N				Name					
YOUNG, MARIA 1605 N. 17TH STREET TO THE FT. PIERCE, FL. 34950					Street Address (P.O. Box Number is Not Acceptable)				
						<del></del>		<del></del>	
·					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 V (Care) Signature, typed or printed name of registered agent and title it applicable. (MOTE: Registered Agent adpressing required when reinstaining)  DATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.		OFFICERS	AND DIRECTORS	11.		ADDITIONS/0	HANGES TO OFF	CERS AND DIRECTO	RS IN 11
TITLE	D	****	☐ Delete	TITLE		•		Change	Addition
ALAME STREET ADDRESS	YOUNG, 1605 N 1	MARIA 7TH STREET		NAM STRE	ET ADDRESS				
CITY-ST-ZIP		CE, FL 34950			·\$1-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAM	•				
STREET ADDRESS CITY-ST-ZIP					ET ADORESS - ST-ZIP				
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NWE .	,			NAM		••		· .	•
STREET ADDRESS CITY-ST-ZIP					ET ADORESS · ST-ZIP				
12. I hereby o	certify that th	ne information supplie	d with this filing does not quality to	or the exer	motion stated in Se	ection 119.07(3¥i	, Florida Statutes, f	further certify that the	information
12. I hereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the repetiter 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 att	tachment with an add	ress, with all other like empowered	j.	,		J i		/
	une. \	M	Fred			Ú	129/05	-	