2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 8:00 am Secretary of State

1. Entity Nan	E'S COUTURE EXPRESS,		03-23-2005 90048 005 ***150.00					
822 WINDER	e of Business MERE WAY I GARDENS, FL 33418			Tarak Tarak				
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.				03182005	Chg-P	CR2E034 (10/03)	``s	
City & Stat	re :	<u>'</u>	4. FEI Numbe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ap	plied For		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	t Applicable litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DIFORIO, MICHELLE				Name				
822 WIND	ERMERE WĄŻ	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
PALWIDEA	ACH GARDENS, FL 33418		·					
		City	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 little II applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	Financing \$1	5.00 May Be Ided to Fees	14. 14.	A STATE OF THE STA		
10.	OFFICERS AND	Delete Delete	TITLE	ADDITIONS/	CHANGES TO OFFICE	RS AND DIRECTORS Change	i	
NAME STREET ADDRESS CITY-ST-ZIP	DIFORIO, MICHELLE 822 WINDERMERE WAY PALM BEACH GARDENS, FL 33		NAME STREET ADDRESS CITY-ST-ZIP			\$\$.		
TITLE NAME STREET ADÓRESS CITY-ST-ZIP	. ,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>;</i>	☐ Change	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.								