

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90051 002 \*\*\*158.75

60002199



01112007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000090074</b> 1. Entity Name <b>FORMAL TIME GALLERY, INC.</b>																											
Principal Place of Business <b>21031 SW 85TH PL</b> <b>MIAMI, FL 33189</b>		Mailing Address <b>21031 SW 85TH PL</b> <b>MIAMI, FL 33189</b>																									
2. Principal Place of Business - No P.O. Box # <b>162 NE 8th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>162 NE 8th Street</b> Suite, Apt. #, etc.																									
City & State <b>Homestead Florida</b> Zip <b>33030</b>		City & State <b>Homestead FL</b> Zip <b>33030</b>																									
4. FEI Number <b>72-1612018</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>SEDA, MARILYN</b> <b>21031 SW 85TH PL</b> <b>MIAMI, FL 33189</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>SEDA, MARILYN</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>21031 SW 85TH PL</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>MIAMI, FL 33189</b></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	<b>SEDA, MARILYN</b>		STREET ADDRESS	<b>21031 SW 85TH PL</b>		CITY - ST - ZIP	<b>MIAMI, FL 33189</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																											
<b>SIGNATURE:</b> <i>Marilyn Seda</i> <b>Marilyn Seda/President</b> 01/12/07 <sup>305</sup> 252-9902 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											