

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000091708

1. Entity Name
OUR THREE LADIES ADVERTISING SERVICES CORP.



FILED

05 MAY 10 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
739 NE 126TH STREET APT 3
MIAMI, FL 33161

Mailing Address
P.O. BOX 380552
MIAMI, FL 33238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

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

PAUL, HENSCHEL
8315 NE MIAMI COURT
APT 1
MIAMI, FL 33138

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL, HENSCHEL
8315 NE MIAMI CT
MIAMI, FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Marie Bernadette 2nd Louis
55 N.W. 124 Street
Miami, Florida 33168 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAINTUS, JEAN CLAUDE
180 NW 7TH ST APT 2
MIAMI, FL 33150 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director - Manager
Saintus Jean Claude
180 N.W. 77 Street, Apt 2
Miami, Florida 33150 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERNAND, LOUIS
55 NEW 124 ST
MIAMI, FL 33168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200054684732
05/17/05--01062--011 **\$150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FRANCOIS, MICHELOT
1300 NE 110 ST APT 2
MIAMI, FL 33161 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUL, GEANSY
55 NW 124 ST
MIAMI, FL 33168 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEXIS, MYANLEDA
55 NW 124 ST
MIAMI, FL 33168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Director