

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90070 017 ***150.00

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1. Entity Name
A LA MODA DESIGNERS CORP



Principal Place of Business
**209 FOXWOOD DR
BRANDON, FL 33510**

Mailing Address
**209 FOXWOOD DR
BRANDON, FL 33510**

20017384



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1516822

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

**SUAREZ, RUTH
209 FOXWOOD DR
BRANDON, FL 33510**

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 PT ☐ Delete
NAME SUAREZ, RUTH
STREET ADDRESS P.O.BOX 1685
CITY-ST-ZIP BRANDON, FL 33510

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

TITLE VP ☒ Delete
NAME SUAREZ, SAMUEL S
STREET ADDRESS 209 FOXWOOD DR
CITY-ST-ZIP BRANDON, FL 33510

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

TITLE SH ☒ Delete
NAME SUAREZ, SAMUEL S
STREET ADDRESS 209 FOXWOOD DR
CITY-ST-ZIP BRANDON, FL 33510

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

TITLE SH ☒ Delete
NAME SUAREZ, SHANE V
STREET ADDRESS 209 FOXWOOD DR
CITY-ST-ZIP BRANDON, FL 33510

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

TITLE SH ☒ Delete
NAME SUAREZ, XAVIER T
STREET ADDRESS 209 FOXWOOD DR
CITY-ST-ZIP BRANDON, FL 33510

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

TITLE SH ☒ Delete
NAME LOPEZ, DIANA
STREET ADDRESS 209 FOXWOOD DR
CITY-ST-ZIP BRANDON, FL 33510

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: Ruth Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

CEL(813) 453-9371

Daytime Phone #