


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90181 033 ***150.00

DOCUMENT # P04000126562	
1. Entity Name BACCIO COUTURE DESIGNS, CORP.	

Principal Place of Business 777 NW 72 AVE STE 2BB60 MIAMI, FL 33126	Mailing Address 777 NW 72 AVE STE 2BB60 MIAMI, FL 33126
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00040100

2. Principal Place of Business		3. Mailing Address 9010 SW 137th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 113	
City & State		City & State Miami, FL.	
Zip	Country	Zip	Country
		33186	U.S.A.

04252005 Chg-P CR2E034 (10/03)



4. FEI Number 36-4560224		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GERNAM PENA, P.A. 9010 SW 137 AVE STE 113 MIAMI, FL 33186		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 *Gernam Pena* DATE *4/20/05*

Signature, typed or printed name of registered agent and trust, applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALTAMIRANO, FAUSTO 777 NW 72 AVE STE 2BB60 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #