

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128703

FILED
Mar 10, 2005
Secretary of State

Entity Name: GODDESS CELLPHONE ACCESSORIES, CORP.

Current Principal Place of Business:

2850 NW 44 STREET
SUITE #203
OAKLAND PARK, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2850 NW 44 STREET
SUITE #203
OAKLAND PARK, FL 33309 US

New Mailing Address:

FEI Number: 20-1606848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, HERCALINA
2850 NW 44 STREET
APT #203
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: GARCIA, HERCALINA
Address: 2850 NW 44 STREET SUITE # 203
City-St-Zip: OAKLAND PARK, FL 33309 FL

Title: D () Delete
Name: GONZALEZ, INDHIRA K
Address: 2850 NW 44 STREET SUITE #203
City-St-Zip: OAKLAND PARK, FL 33309 FL

Title: D () Delete
Name: GONZALEZ, KERLY
Address: 2850 NW 44 STREET SUITE #203
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: D () Delete
Name: SAHINOGLU, SAHIN
Address: 2850 NW 44 STREET SUITE # 203
City-St-Zip: OAKLAND PARK, FL 33309 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERCALINA GARCIA

P

03/10/2005

Electronic Signature of Signing Officer or Director

Date