


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 015 ***150.00

DOCUMENT # P04000135650	
1. Entity Name INCAWEARE OF SARASOTA INC.	

Principal Place of Business 468 JOHN RINGLING BLVD SARASOTA, FL 34236	Mailing Address 211 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308
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JUU10706

2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State SAME	City & State SAME
Zip SAME	Country SAME



04252006 Chg-P CR2E034 (11/05)

4. FEI Number APPLIED FOR 20-1658419		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 SEVIGNY, AMPARO 211 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308		
7. Name and Address of New Registered Agent Name SAME 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 *Amparo Sevigny* DATE 4/25/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P SEVIGNY, STEPHEN 211 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEVIGNY, AMPARO 211 COMMERCIAL BLVD LAUDERDALE BY THE SEA, FL 33308 <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 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.

SIGNATURE: *Amparo B Sevigny, C.P.* DATE 4/25/06 DAYTIME PHONE # 941-3851793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR