

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159412

FILED  
Sep 12, 2005  
Secretary of State

Entity Name: 2CUTE MATERNITY INC.

**Current Principal Place of Business:**

325 N.W. 152ND AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

325 N.W. 152ND AVENUE  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

325 N.W. 152ND AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

325 N.W. 152ND AVENUE  
PEMBROKE PINES, FL 33028 US

FEI Number: 20-1919221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BECKFORD, SHAUNA J  
325 N.W. 152 AVENUE  
PEMBROKE PINES, FL 33028 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BECKFORD, SHAUNA J  
Address: 325 N.W. 152ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BECKFORD, SHAUNA J  
Address: 325 N.W. 152ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: P ( ) Change (X) Addition  
Name: BECKFORD, DAVID E  
Address: 325 N.W. 152ND AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

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: SHAUNA BECKFORD

D

09/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date