

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 041 ***150.00

DOCUMENT # P05000009599

1. Entity Name
A DAZZLING BUTTERFLY, INC.



Principal Place of Business
7190 SW 99 ST
MIAMI, FL 33156

Mailing Address
~~8501 SW 97 AVENUE~~ 7190 SW 99 ST
~~MIAMI, FL 33173~~ MIAMI, FL 33156

40121410



06052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1841842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, EILEEN V
~~8601 SW 97 AVENUE~~ 3950 SW 130 AVE
~~MIAMI, FL 33173~~ MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALDES, EILEEN V
STREET ADDRESS	8501 SW 97 AVENUE 3950 SW 130 AVE
CITY-ST-ZIP	MIAMI, FL 33173 MIAMI, FL 33175
TITLE	D
NAME	CONCEPCION, ALDALIDIA
STREET ADDRESS	8601 SW 97 AVENUE 7190 SW 99 ST
CITY-ST-ZIP	MIAMI, FL 33173 MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #