

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 021 ***158.75

DOCUMENT # P05000068785

1. Entity Name
SHELLEY M. DESIGNS, INC.



Principal Place of Business Mailing Address
16590 NE 26TH AVE APT 302 16590 NE 26TH AVE APT 302
N MIAMI BEACH, FL 33160 US N MIAMI BEACH, FL 33160 US

50023980



2. Principal Place of Business
Shelley M. Designs
Suite, Apt. #, etc.
18851 N.E. 26th Ave Suite 200

3. Mailing Address

Suite, Apt. #, etc.

07142006 Chg-P CR2E034 (11/05)

City & State
Aventura FL

City & State

4. FEL Number
20-2812278

Applied For
Not Applicable

Zip
33180

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, SHELLEY M
16590 NE 26TH AVE
APT 302
N MIAMI BEACH, FL 33160

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

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 8, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MILLER, SHELLEY M**
STREET ADDRESS **16590 NE 26TH AVE APT 302**
CITY-ST-ZIP **N MIAMI BEACH, FL 33160**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Shelley M. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06 ³⁰⁵
336-3689

Date

Daytime Phone #