


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90008 003 \*\*\*150.00

<b>DOCUMENT # P05000157216</b>	
1. Entity Name <b>COWGIRL DIVA, INC.</b>	

Principal Place of Business <b>205 SW PARK STREET OKEECHOBEE, FL 34972 US</b>	Mailing Address <b>205 SW PARK STREET OKEECHOBEE, FL 34972 US</b>
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2. Principal Place of Business - No P.O. Box # <b>123 SW Park Street</b>	3. Mailing Address <b>123 SW Park Str.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Okeechobee, FL</b>	City & State <b>Okeechobee, FL</b>
Zip <b>34972</b>	Zip <b>34972</b>
Country <b>USA</b>	Country <b>USA</b>

03202007 Chg-P CR2E034 (12/06)

4. FEL Number <b>20-3734800</b>	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 <b>GAGLIARDI, CHRISTINA A 123 SOUTHWEST PARK STREET OKEECHOBEE, FL 34972</b>	7. Name and Address of New Registered Agent Name <b>Christina Gagliardi</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 SW Park Street</b> City <b>Okeechobee</b> FL Zip Code <b>34972</b>
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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 <b>Christina Gagliardi</b>	DATE <b>3/20/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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 <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAGLIARDI, CHRISTINA A</b>		NAME	
STREET ADDRESS <b>123 SOUTHWEST PARK STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>OKEECHOBEE, FL 34972</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAGLIARDI, NANCY L</b>		NAME	
STREET ADDRESS <b>123 SOUTHWEST PARK STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>OKEECHOBEE, FL 34972</b>		CITY-ST-ZIP	
TITLE <b>TR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAGLIARDI, JOSEPH P</b>		NAME	
STREET ADDRESS <b>123 SOUTHWEST PARK STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>OKEECHOBEE, FL 34972</b>		CITY-ST-ZIP	
TITLE <b>SEC</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAGLIARDI, CHARLES P</b>		NAME	
STREET ADDRESS <b>123 SOUTHWEST PARK STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>OKEECHOBEE, FL 34972</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <b>Christina Gagliardi</b>	Date <b>3/20/07</b> Daytime Phone # <b>863-357-3482</b>