

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90109 048 ***158.75

DOCUMENT # P0600007007

1. Entity Name
EROTICA NOVELTIES, INC



Principal Place of Business Mailing Address
2930 NW 56TH AVENUE **2930 NW 56TH AVENUE**
#A306 **#A306**
LAUDERHILL, FL 33313 US **LAUDERHILL, FL 33313 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2930 NW 56th Ave **2930 NW 56th Ave**
Suite, Apt., etc. Suite, Apt., etc.
#A306 **#A306**
City & State City & State
Lauderhill, FL **Lauderhill, FL**
Zip Country
33313 **USA**

01102007 Chg-P CR2E034 (12/06)
13-4319175 Applied For
11-375744 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAND, LATICIA D
2930 NW 56TH AVENUE
#A306
LAUDERHILL, FL 33313

7. Name and Address of New Registered Agent
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: *Leticia D. Rand* DATE: **2/1/07**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RAND, LATICIA D 2930 NW 56TH AVENUE LAUDERHILL, FL 33313 <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: *Leticia D. Rand* Date: **(754) 214-9345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #