

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90065 003 ***150.00

DOCUMENT # P06000028924

1. Entity Name

MARTHA'S BRIDAL & FASHION, INC



Principal Place of Business

12150 SW 132 CT
#206
MIAMI FL 33186
US

Mailing Address

12150 SW 132 CT
#206
MIAMI FL 33186
US



2. Principal Place of Business - No P.O. Box #

2075 SW 122 AVE

Suite, Apt. #, etc.

APT: 127

City & State

MIAMI, FLORIDA

Zip

33175

Country

U.S.A

3. Mailing Address

2075 SW 122 AVE

Suite, Apt. #, etc.

APT: 127

City & State

MIAMI, FLORIDA

Zip

33175

Country

U.S.A

1st MOORE

CR2E034 (10/06)

4. FEI Number

30-0352707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEPULVEDA, MARTHA
12150 SW 132 CT
206
MIAMI FL 33186

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	SEPULVEDA, MARTHA	12150 SW 132 CT # 206	MIAMI FL 33186	
VP	BEDOYA, JORGE	12150 SW 132 CT # 206	MIAMI FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Martha Sepulveda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-07

Date

Daytime Phone #