

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90369 001 ***150.00
05-27-2008 90369 002 *****8.75
05-27-2008 90369 003 *****5.00

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05132008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000080308			
1. Entity Name DESIGNS BY NAOMIE WEDDING CATERING RENTAL, INC.		Principal Place of Business 4087 N ANDREWS AVE FT LAUDERDALE, FL 33309	
Mailing Address 4087 N ANDREWS AVE FT LAUDERDALE, FL 33309			
2. Principal Place of Business - No P.O. Box # 4087 N ANDREWS AVE		3. Mailing Address 4087 N ANDREWS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. AVE.	
City & State FT. LAUDERDALE FL		City & State FT. LAUD. FL	
Zip 33309		Country FLORIDA	
4. FEI Number 20-5854940		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEANITE, NAOMIE 4087 N ANDREWS AVE FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name: JEANITE NAOMIE Street Address (P.O. Box Number is Not Acceptable) 4087 N ANDREWS AVE City: FT. LAUDERDALE FL Zip Code: 33309	
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		5/19/08	
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 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P JEANITE, NAOMIE 4087 N ANDREWS AVE FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAOMIE JEANITE <input type="checkbox"/> Delete 4087 N ANDREWS AVE FT. LAUD. FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Naomie Jeanite		5/19/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	