

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 005 ***150.00

DOCUMENT # P07000040693 1. Entity Name MODERN BRIDE OF CAPE CORAL, INC.					
Principal Place of Business 1901 DORADO PARKWAY CAPE CORAL FL 33914			Mailing Address 1901 DORADO PARKWAY CAPE CORAL FL 33914		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERDI, VICTOR M 312 E VENICE AVE, STE 203 VENICE FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title (if applicable)				DATE <i>2/28/08</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME PINA, SOBEIDA STREET ADDRESS 1901 EL DORADO PARKWAY CITY-STATE-ZIP CAPE CORAL FL 33914				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME VP CUELLO, TANIA M STREET ADDRESS 242 SW 41ST TERRACE CITY-STATE-ZIP CAPE CORAL FL 33914				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-STATE-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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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, without other like empowerment.					
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



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