SENT BY: 7- 1- 4 ; 11:28 ;

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90187 033 ***150.00

DOCUMENT # P93000041714

1. Entity Name
SHE'S THE ONE, INC.

44047468

Principal Place of Business	Mailing Address
BROOKSIDE SQUARE CORAL SPRINGS, FL 33076 US	10619 WILES RD CORAL SPRINGS, FL 33076 US

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0423888
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, ELLEN
8180 WILES RD #12
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTLETT, ELLEN
STREET ADDRESS	8180 WILES RD #12
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ellen Bartlett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attached 7/1/04
#P93000041714
44047468

TO WHOM IT MAY CONCERN:

We received your notice of intent to dissolve postcard yesterday. We're ~~not totally sure exactly~~ how this happened but we never received a renewal letter in the mail.

This corporation has been in business for 11 years and has never neglected paying the renewal fee on a timely basis.

I am hoping you can make an exception and please accept our payment now.

I realize that you have changed your procedure and will be sure to watch carefully for your renewal letter.

Sincerely
Ellen Bartlett
(owner)