

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000087277

1. Entity Name
HEAVENLY BASKETS OF NORTH AMERICA, INC.



Principal Place of Business
402 MANGROVE POINT
JUPITER, FL 33458

Mailing Address
P.O. BOX 2830
JUPITER, FL 33468-2830 US

FILED
Feb 04, 2004 08:00 AM
Secretary of State



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0456006

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALOSSO, LIZ
402 MANGROVE POINT
JUPITER, FL 33458

**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

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALOSSO, LIZ
STREET ADDRESS 402 MANGROVE POINT
CITY-ST-ZIP JUPITER, FL 33458

TITLE D
NAME ALOSSO, MIKE
STREET ADDRESS 402 MANGROVE POINT
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000036445
02/06/04-80058-014 150.00

**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:

Michael J. Alossio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2004 (561) 745-5352
Date Daytime Phone #