


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000002958 1. Entity Name FINALLY YOURS, INC.	
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Principal Place of Business
**6639 SOUTH DIXIE HWY.
MIAMI, FL 33143**

Mailing Address
**6639 SOUTH DIXIE HWY.
MIAMI, FL 33143**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0466663	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$6.75 Additional
Fee Required**

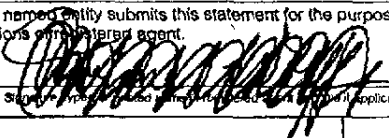
6. Name and Address of Current Registered Agent

**WOLFF, NORMA
10651 S.W. 79 TERRACE
MIAMI, FL 33173**

**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 the registered agent.

SIGNATURE



Signature must be signed and dated in the presence of a Notary Public.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLFF, NORMA
STREET ADDRESS	10651 S.W. 78TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33173

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**U00000536554
05/08/06-80099-008 150.00**

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/24/06

Daytime Phone #