

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90215 044 ***150.00

DOCUMENT # P94000015338

1. Entity Name

CLEOPATRA'S SECRETS, INC.



Principal Place of Business

1300 N.E. MIAMI GARDENS DRIVE
STE 717
N. MIAMI BEACH FL 33179

Mailing Address

1300 N.E. MIAMI GARDENS DRIVE
STE 717
N. MIAMI BEACH FL 33179

ADDRESS CHANGE

2. Principal Place of Business

6515 COLLINS AVE #1106

Suite, Apt. #, etc.

1106

3. Mailing Address

6515 COLLINS AVE

Suite, Apt. #, etc.

1106

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip
33141

Country
DADE

Zip
33141

Country
DADE

00000001



1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0487584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDSTATE LEGAL SUPPLY CORP.
4435 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERNER, ZSUZSI
1300 NE MIAMI GARDENS DRIVE STE 717
N. MIAMI BEACH FL 33179 ADDRESS ABOVE

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Zsuzsi Berner, President

4.20.06

305-865-3341