2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am **Secretary of State** DOCUMENT # P94000026784 1. Entity Name 02-17-2004 90036 028 ***150.00 SHEER ELEGANCE, INC. Principal Place of Business Mailing Address 816 SE 9TH ST 816 SE 9TH ST 24012323 SUITE 202 DEERFIELD BEACH FL 33441 SUITE 202 DEERFIELD BEACH FL 33441 920 South FEDERAL HWY 2. Principal Place of Business 3. Máiling Address 920 South FEDERAL REAR Suite, Apt. #, etc. DEER Fleid BEACH H Suite, Apt. #, etc. MOORE CR2E034 (11/03) REAR City & State 3 3 9 4 1 City & State 4. FEI Number Applied For 65-0502010 DEERFIELD Not Applicable Zip 3344 3344 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DI VENCENZO, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 816 SE 9TH ST SUITE 202 DEERFIELD BEACH FL 33441 Zip Code FL 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, typed or printed name of reprofered agent and tife SIGNATURE (FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete DI VENCENZO, KENNETH D NAME STREET ADDRESS 816 SE 9TH ST SUITE 202 STREET ADDRESS CITY-ST-7IP DEERFIELD BEACH FL CITY-ST-ZIP VICE PRESIDENT **X** Addition ☐ Delete TITLE ☐ Change NAME DOMINICK DIVENCENZO STREET ADDRESS STREET ADDRESS 1640 S.E. 6th. STREET CITY-ST-ZIP DEERFIELD BEACH, H. CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: Le INTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

2-10-09 959-437-9121 Date Daytime Phone #

FILED