


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000081495			
1. Entity Name COUNTRY SAVOIR FAIRE, INC.			
Principal Place of Business 5970 SW 18TH ST, 260 BOCA RATON, FL 33433		Mailing Address 5970 SW 18TH ST, 260 BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE			
		04232004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0535075	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, DIANA 8605 NW 50TH DR CORAL SPRINGS, FL 33067		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 _____ <small>Signature, typed or print of name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	GRANT, DIANA		
STREET ADDRESS	8605 NW 50TH DR		
CITY- ST- ZIP	CORAL SPRINGS, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
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CITY- ST- ZIP			
TITLE			
NAME			
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: <u>DIANA GRANT Diana Grant, Pres.</u>		Date <u>4-23-04</u> 561-368-7553	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	