2005 FAR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P95000030601 1. Entity Name



ELEGANT LADIES, INC.							05-03-2005 90110 011 ****150.00				
Principal Place of Business			Mailin	Mailing Address			1				
23024 SANDALFOOT PLAZA DR BOCA RATON FL 33428 US				23024 SANDALFOOT PLAZA DR BOCA RATON FL 33428							
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			15	t MOORE	CR2E034	(10/04)	
City & State			City	City & State			66_0590091 				plied For t Applicable
Zip	Country		Zip	Zip Cour						\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent							7. Name an	d Address of New	Registered	Agent	
					N	łame					
BRACEY-GIBBON, SHELBY 5851 HOLMBERG RD. #1812						Street Address (P.O. Box Number is Not Acceptable)					
#1812 PARKLAND FL 33067											
					С	ity			FL	Zip Code	
	named entity tions of registe	submits this stateme ered agent.	nt for the purp	oose of changing its r	egistered o	office or register	red agent, or bo	oth, in the State of	Florida, i am	familiar with,	and accept
SIGNATURE.		or printed name of registered a	agent and life if app	blicable (NOTE	Registered Age	ent signature required	d when reinstating)		DATE		 ,
-	II E NOWE	. FEE IO 6450.00		•				1			
After	May 1, 200	! FEE IS \$150.00 5 Fee Will Be \$550 Florida Departmen						9. Election Cam Trust Fund C			00 May Be ed to Fees
After	May 1, 200	5 Fee Will Be \$550 Florida Departmen		PRS	11.		ADDITIONS		ontribution.	☐ Adde	ed to Fees
After Make Check	May 1, 200 k Payable to	5 Fee Will Be \$550 Florida Departmen OFFICERS	nt of State	PRS Delete	11.		ADDITIONS	Trust Fund C	ontribution.	☐ Adde	ed to Fees
After Make Check 10. TITLE NAME	May 1, 200 k Payable to P BRACEY-G	5 Fee Will Be \$550 Florida Department OFFICERS A	nt of State	Delete	TITLE		ADDITIONS	Trust Fund C	ontribution.	D DIRECTORS	S IN 11
After Make Check 10. TITLE NAME STREET ADDRESS	May 1, 2009 k Payable to P BRACEY-GI 5851 HOLM	5 Fee Will Be \$550 Florida Department OFFICERS A IBBON, SHELBY IBERG RD., #1812	AND DIRECTO	□ Delete Villa Lawte Pl	TITLE NAME STREET AC		ADDITIONS	Trust Fund C	ontribution.	D DIRECTORS	S IN 11
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 200 k Payable to P BRACEY-G 5851 HOLN PARKLAND	5 Fee Will Be \$550 Florida Department OFFICERS A IBBON, SHELBY IBERG RD., #1812	AND DIRECTO	□ Delete Villa Lawte Pl	TITLE NAME STREET AC		ADDITIONS	Trust Fund C	ontribution.	DIRECTORS Change	ed to Fees S IN 11 Addition
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE	May 1, 200: k Payable to P BRACEY-G 5851 HOLN PARIKLAND	5 Fee Will Be \$550 Florida Department OFFICERS A IBBON, SHELBY IBERG RD., #1812 FL 93067	AND DIRECTO	Delete	TITLE NAME STREET AC CITY-ST-		ADDITIONS	Trust Fund C	ontribution.	D DIRECTORS	S IN 11
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 200 k Payable to P BRACEY-G 5851 HOLN PARKLAND VP BARSTOW,	5 Fee Will Be \$550 Florida Department OFFICERS A IBBON, SHELBY IBERG RD., #1812 FL 93067	AND DIRECTO	□ Delete Villa Lawte Pl	TITLE NAME STREET AC	ZiP	ADDITIONS	Trust Fund C	ontribution.	DIRECTORS Change	ed to Fees S IN 11 Addition
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME	May 1, 200 k Payable to P BRACEY-G 5851 HOLN PARKLAND VP BARSTOW,	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa Lawte Pl	TITLE NAME STREET AC CITY-ST-3 TITLE NAME	ZIP	ADDITIONS	Trust Fund C	ontribution.	DIRECTORS Change	ed to Fees S IN 11 Addition
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa Lawte Pl	TITLE NAME STREET AC CITY-ST-7 TITLE NAME STREET AC CITY-ST-7 TITLE	ZIP	ADDITIONS	Trust Fund C	ontribution.	DIRECTORS	ed to Fees S IN 11 Addition
After Make Check 10. IIILE NAME SIREEI ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa hawte Pl Low Fl33034 □ Delete	TITLE NAME STREET AC CITY-ST-2 TITLE NAME STREET AC CITY-ST-2 TITLE NAME	ZIP DDRESS ZIP		Trust Fund C	ontribution.	Adde	ed to Fees SIN 11 Addition Addition
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa hawte Pl Low Fl33034 □ Delete	TITLE NAME STREET AC CITY-ST-7 TITLE NAME STREET AC CITY-ST-7 TITLE	ZIP DORESS ZIP DORESS	ADDITIONS	Trust Fund C	ontribution.	Adde	ed to Fees SIN 11 Addition Addition
Make Check 10. IIILE NAME SIREEI ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS SIREEI ADDRESS SIREEI ADDRESS	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa hawte Pl Low Fl33034 □ Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC STREET AC TITLE NAME STREET AC STREET AC STREET AC	ZIP DORESS ZIP DORESS		Trust Fund C	ontribution.	Adde	ed to Fees SIN 11 Addition Addition
After Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa hawte Pl Low Fl33034 □ Delete □ Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STHEET AC CITY-ST-: TITLE NAME	ZIP DDRESS ZIP DDRESS ZIP		Trust Fund C	ontribution.	Change Change	ed to Fees SIN 11 Addition Addition
After Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE NAME THE NAME THE NAME THE NAME THE NAME	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa hawte Pl Low Fl33034 □ Delete □ Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STHEET AC CITY-ST-: TITLE THE	ZIP DORESS ZIP DORESS ZIP DORESS		Trust Fund C	ontribution.	Change Change	ed to Fees SIN 11 Addition Addition
After Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE THE NAME	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	□ Delete Villa hawte Pl Low Fl33034 □ Delete □ Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STHEET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE	ZIP DORESS ZIP DORESS ZIP DORESS		Trust Fund C	ontribution.	Change Change	ed to Fees SIN 11 Addition Addition
After Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	Delete Villa hawte Pl Low Fl33034 Delete Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STHEET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME	ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		Trust Fund C	ontribution.	Change Change Change	ed to Fees SIN 11 Addition Addition Addition
After Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS A IBBON, SHELBY IBBON, #1812 FL 93067 LAURIE IERG RD., #1812	AND DIRECTO	Delete Villa hawte Pl Low Fl33034 Delete Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STHEET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC	ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		Trust Fund C	ontribution.	Change Change Change	ed to Fees SIN 11 Addition Addition Addition
After Make Check 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS AT IBBON, SHELBY IBBON, #1812 OFFI STATE OFFI SHELBY IBBON, #1812 OFFI SHELBY IBBON, #1812	AND DIRECTO	Delete Villa havte Pl Lon Fl33034 Delete Delete	TITLE NAME STREET AC CITY-ST-:	ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		Trust Fund C	ontribution.	Change Change Change	ed to Fees SIN 11 Addition Addition Addition
After Make Check 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS AT IBBON, SHELBY IBBON, #1812 OFFI STATE OFFI SHELBY IBBON, #1812 OFFI SHELBY IBBON, #1812	AND DIRECTO	Delete Villa hawte Pl Low Fl33034 Delete Delete	TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STHEET AC CITY-ST-: TITLE NAME STREET AC CITY-ST-: TITLE NAME STREET AC	ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		Trust Fund C	ontribution.	Change Change Change	ed to Fees SIN 11 Addition Addition Addition
After Make Check 10. IIILE NAME SIREEI ADDRESS CITY-ST-ZIP IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREEI ADDRESS CITY-ST-ZIP IIILE NAME SIREEI ADDRESS CITY-ST-ZIP TITLE	P BRACEY-G 5851 HOLN VP BARSTOW, 5851 HOLB	Florida Department OFFICERS AT IBBON, SHELBY IBBON, #1812 OFFI STATE OFFI SHELBY IBBON, #1812 OFFI SHELBY IBBON, #1812	AND DIRECTO	Delete Villa havte Pl Lon Fl33034 Delete Delete	TITLE NAME STREET AC CITY-ST-: TITLE	ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		Trust Fund C	ontribution.	Change Change Change	ed to Fees SIN 11 Addition Addition Addition

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:

E OF SIGNING OFFICER OR DIRECTOR

561-883-6245