

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90186 026 \*\*\*150.00

**DOCUMENT # P95000039686**

1. Entity Name

LET'S CELEBRATE CORP.



Principal Place of Business

717 NORTHWEST 119TH STREET  
NORTH MIAMI, FL 33168

Mailing Address

717 NORTHWEST 119TH STREET  
NORTH MIAMI, FL 33168



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0587144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, KATE  
717 N.W. 119TH STREET  
NORTH MIAMI, FL 33168

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME COSTELLO, KATE  
STREET ADDRESS 717 NORTHWEST 119TH STREET  
CITY-ST-ZIP NORTH MIAMI, FL 33168

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kate Costello*

6-30-04 3056888389

*Attachment  
44047425*

**LET'S CELEBRATE CORP.  
717 N.W. 119<sup>TH</sup> STREET  
NORTH MIAMI, FLORIDA 33168**

June 30, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

Re: Document #P95000039686  
FEI # ~~65-0587144~~

Gentlemen:

We are enclosing 2004 For Profit Corporation Annual Report form which we downloaded from the internet.

Our corporation never received the documents mailed by your office in January 2004, and it was not until our Bank requested copies of the 2004 filing that we realized it had not been done because the forms never reached our office.

We are enclosing our check in the amount of \$150.00 to cover the filing fee. Please waive the additional late fee amount as it was an involuntary oversight.

Very truly yours,

*Kate Costello*

Kate Costello, President