

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-21-2005 90026 029 ***150.00
P95000039686


FILED

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SECRET



1st MOORE CR2E034 (10/04)

DOCUMENT # P95000039686					
1. Entity Name LET'S CELEBRATE CORP.					
Principal Place of Business 819 NORTHWEST 119TH STREET NORTH MIAMI FL 33168			Mailing Address 819 NORTHWEST 119TH STREET NORTH MIAMI FL 33168		
<i>(Recently moved)</i>					
2. Principal Place of Business			3. Mailing Address 819 NW 119 st.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. North Miami, FL		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0587144	
33168	Dade	33168	Dade	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 819 COSTELLO, KATE 719 N.W. 119TH STREET NORTH MIAMI FL 33168			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			Just received the notice in the mail.		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTELLO, KATE 719 NORTHWEST 119TH STREET NORTH MIAMI FL 33168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 any address, with all other like empowered.					
SIGNATURE: <i>Kate Costello</i>			7/16/05 305-688-8388		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		