2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000074947

1. Entity Name
CONVERSATIONALLY YOURS, INC.

Principal Place of Business	Mailing Address
2451 BRICKELL AVE SUITE 17R MIAMI, FL 33129 US	2451 BRICKELL AVE SUITE 17R MIAMI, FL 33129 US

DO NOT WRITE IN THIS SPACE

04292004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0617640		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L ESQ
ONE BISCAYNE TOWER, SUITE 3660
TWO SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

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.
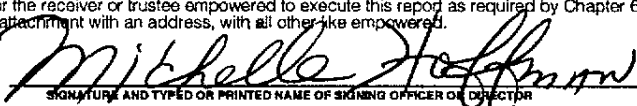
SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing ☐
Trust Fund Contribution.   **$5.00** May Be Added to Fees

U00000156742
05/05/04-80086-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HOFFMAN, MICHELLE
STREET ADDRESS	2451 BRICKELL AVE #17R
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Michelle Hoffman_   4/28/04   (305) 858-4528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #