## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000079280

Title:

Name: Address:

City-St-Zip:

FILED Mar 30, 2004 Secretary of State

Entity Name: VOWS, A WEDDING ESTABLISHMENT; INC. **Current Principal Place of Business: New Principal Place of Business:** 10860 S.W. 38TH DRIVE DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 10860 S.W. 38TH DRIVE DAVIE, FL 33328 FEI Number: 65-0699070 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHELDON EVANS, P.A SHELDON EVANS, P.A **6175 NW 153RD STREET** 3074 LAKEWOOD CIRCLE SUITE 215 WESTON, FL 33332 MIAMI LAKES, FL 33014 US 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. SIGNATURE: 03/30/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition EMERY, KAREN A Name: Name: 10860 S.W. 38TH DRIVE Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: EMERY, MARC J Name: 10860 S.W. 38TH DRIVE Address: Address: **DAVIE, FL 33328** City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition WOLFMAN, SHERYL L Name: Name: C/O 10860 S.W. 38TH DRIVE Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHERYL L. WOLFMAN ٧ 03/30/2004

( ) Delete

C/O 10860 S.W. 38TH DRIVE

WOLFMAN, MORTON

**DAVIE, FL 33328** 

() Change () Addition