

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91247 013 ***158.75

DOCUMENT # P96000088695

1. Entity Name
AFFAIRS TO REMEMBER, INC.(OF BROWARD)



Principal Place of Business
8350 STATE ROAD 84
PLANTATION, FL 33324

Mailing Address
10097 CLEARY BLVD #211
PLANTATION, FL 33324

94083338



2. Principal Place of Business

3. Mailing Address

8350 STATE ROAD 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004

Chg-P

CR2E034 (10/03)

City & State

City & State
PLANTATION

4. FEI Number
65-0697522

Applied For
Not Applicable

Zip

Country

Zip

33324

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, MARILYN
10097 CLEARY BLVD #211
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when re-registering)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GREEN, MARILYN
10097 CLEARY BLVD #211
PLANTATION, FL 33324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LUBOFF, MELISSA K
10097 CLEARY BLVD #211
PLANTATION, FL 33324 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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GREEN, SHERRI
10097 CLEARY BLVD #211
PLANTATION, FL 33324 ☒ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

Daytime Phone #