

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000041776

1. Entity Name  
THE INTIMATE CORNER, INC.



Principal Place of Business  
2900 WEST SAMPLE ROAD  
#6607  
POMPANO BEACH, FL 33073

Mailing Address  
2900 WEST SAMPLE ROAD  
SUITE 6255  
POMPANO BEACH, FL 33073 US



07262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0751092

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TORCHIN, DAVID  
8211 W. BROWARD BLVD.  
SUITE 200  
PLANTATION, FL 33524

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
HANT, LEAH  
1146 N.W. 84TH DRIVE  
CORAL SPRINGS, FL 33071

000000375098  
08/01/05-80004-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
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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: *Leah Hant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/05 954-472-3124  
Date Daytime Phone #