

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000084701

1. Entity Name

ELEGANT AFFAIRS, INC.



Principal Place of Business

18221 S.W. 95TH COURT
MIAMI FL 33157

Mailing Address

18221 S.W. 95TH COURT
MIAMI FL 33157



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (5/05)

4. FEI Number 65-0786201

Applied For
Not Applicable

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

BERRY, ANGELA R
18221 S.W. 95TH COURT
MIAMI FL 33157

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-instating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	PS	<input type="checkbox"/> Delete
NAME	BERRY, ANGELA R	
STREET ADDRESS	18221 S.W. 95TH COURT	
CITY- ST- ZIP	MIAMI FL 33157	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BERRY, LAVAUGHN A	
STREET ADDRESS	18221 S.W. 95TH COURT	
CITY- ST- ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP	

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09/07/05-80002-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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:

ANGELA BERRY 09/01/05 (305) 254-3911