


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-12-2004 90030 012 ***150.00

DOCUMENT # P98000003369 1. Entity Name ERZULIES, INC.					
Principal Place of Business 510 RUE DUMAINE NEW ORLEANS LA 70116			Mailing Address 1000 RUE BOURBON NO 361 NEW ORLEANS LA 70116		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 510 RUE DUMAINE Suite, Apt. #, etc. FIRST FL. City & State NEW ORLEANS, LA Zip 70116			
Country USA		4. FEI Number 59-3491436		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARMELEE, ANNA 1427 E. GORE ST. ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Anna Parmelee Street Address (P.O. Box Number is Not Acceptable) 1427 E. GORE ST. ORLANDO FL 32806 City ORLANDO Zip Code 32806		
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 <u><i>[Signature]</i></u> DATE 03/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PARMELEE, ANNA 1000 RUE BOURBON NO 361 NEW ORLEANS LA 70116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT/DIRECTOR ANNA E. PARMELEE 510 RUE DUMAINE NEW ORLEANS, LA 70116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> Anna Parmelee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03/04/04 Daytime Phone # (504) 525-2055		