## **£004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P98000026120** 1. Entity Name WEDDINGS OF DISTINCTION, INC. Principal Place of Business Mailing Address 5004 ALHAMBRA CIR CORAL GABLES, FL 33146 US P.O. BOX 140546 CORAL GABLES, FL 33114-0546 US

**FILED** Jan-12, 2004 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

0100200-			 	-,	
4.	FEI Number		_		Applied For
	65-08323	06	 		Not Applicable

CESENSA (10/03)

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

5. Name and Address of Current Registered Agent VIYELLA, SYLVIA

## NOT WRITE

5004 ALHAMBRA CIR CORAL GABLES, FL 33146				IN THIS SPACE			
	named entity submits this statement for the plions of registered agent.	urpose of changing its registered o	ffice or I	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and site s	f applicable. (NOTE, Registered Age	nt ségnatur	e required when reinstating)	DATE OATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	, 0	\$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D VIYELLA, SYLVIA 5004 ALHAMBRA CIR CORAL GABLES, FL 33146	TORS			រត់ប្រើប្រជាពិថា សុខ ទៅ។ « កែស ប្រភពសម្រាក់ថ្មីការប្រជុំ (ISH) បើមិ		
TITLE NAME STREFT ADDRESS CITY- ST-ZIP					NOT WRITE		
TITLE HAME STREET ADDRESS CITY-ST-ZIP		,,		IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZP							
NAME STREET ADDRESS CITY- ST- ZP							
12. I hereby a indicated	certify that the information supplied with this fit on this report or supplemental report is true a	ling does not qualify for the exempt and accurate and that my signature	on state shall ha	od in Section 119.07(3 ve the same legal effe	(ii), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director		