


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000028399		
1. Entity Name STITCH BY STITCH EMBROIDERY, INC.		

FILED

04 JUL 14 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12964 S.W. 133RD COURT MIAMI, FL 33186 US	Mailing Address 12964 S.W. 133RD COURT MIAMI, FL 33186 US
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2. Principal Place of Business 29790 OLD DIXIE HWY Suite, Apt. #, etc.	3. Mailing Address 29790 OLD DIXIE HWY Suite, Apt. #, etc.
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07092004 Chg-P CR2E034 (10/03) *MRD*

City & State Homestead, FL Zip 33033	Country	City & State Homestead, FL Zip 33033	Country
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4. FEI Number
58-2381169

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

6. Name and Address of Current Registered Agent RAMIREZ, DEBORAH L 12964 S.W. 133RD COURT MIAMI, FL 33186	
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7. Name and Address of New Registered Agent Name: Deborah L. Ramirez Street Address (P.O. Box Number is Not Acceptable): 29790 OLD DIXIE HWY City: Homestead FL Zip Code: 33033	
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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: *Deborah L. Ramirez* DATE: 7-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, MICHELE 12964 SW 133RD COURT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29790 OLD DIXIE HWY Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V- RAMIREZ, DEBORAH 12964 SW 133RD COURT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29790 OLD DIXIE HWY Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100039320261 07/20/04--01010--008 **150.00
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
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: *Michele Ramirez* DATE: 7/9/04 (305) 246-8688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR