

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90396 026 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P98000059345	
1. Entity Name INSPIRATION STORE, INC.	

Principal Place of Business 772 PALM AVENUE HIALEAH FL 33012 US	Mailing Address 772 PALM AVENUE HIALEAH FL 33012 US
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2. Principal Place of Business 772 Palm Avenue	3. Mailing Address 772 Palm Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah Florida	City & State Hialeah Florida
Zip 33010	Country U.S.A.

4. FEI Number 65-0848283	<input type="checkbox"/> 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 HERRERA, SABINA A 772 PALM AVE HIALEAH FL 33010

7. Name and Address of New Registered Agent Name ANIEL HERRERA Street Address (P.O. Box Number is Not Acceptable) 772 Palm Avenue City Hialeah FL Zip Code 33010

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 Aniel Herrera ANIEL HERRERA 4/27/2004
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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, SABINA A 372 EAST 40TH STREET HIALEAH FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, ANIEL 372 East 40th Street Hialeah Florida 33013 <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: Aniel Herrera ANIEL HERRERA 4/27/2004 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #