

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90095 021 ***150.00

DOCUMENT # P98000064720

1. Entity Name
GINA DESIGNS, INC.



Principal Place of Business
**12399 S.W. 53RD STREET
COOPER CITY, FL 33330**

Mailing Address
**12399 S.W. 53RD STREET
COOPER CITY, FL 33330**

50022130



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0852584

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CRUDELE, DIANE
12399 S.W. 53RD STREET
COOPER CITY, FL 33330**

Name **TAVONE, JACK**

Street Address (P.O. Box Number is Not Acceptable)
12399 S.W. 53rd Street

SUITE 101

City **COOPER CITY**

FL

Zip Code **33330**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 **PTD** ☐ Delete
NAME **TAVONE, JOHN H**
STREET ADDRESS **12399 S.W. 53RD STREET**
CITY-ST-ZIP **COOPER CITY, FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

John H. Tavone
John H. Tavone
President

2-22-05

Date

Daytime Phone #