CR2E034 (4/03)

FILED

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## Jul 14, 2003 8:00 am Secrétary of State P98000091404 DOCUMENT # 07-14-2003 90333 040 \*\*\*150.00 1. Entity Name LA CONSIGNMENT INC. Principal Place of Business Mailing Address 5869 LAKE WORTH RD. 5869 LAKE WORTH RD. **GREENACRES FL 23462 GREENACRES FL 23462** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0871260 Not Applicable Zip Country ziď Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name MIKO, ANNETTE Street Address (P.O. Box Number is Not Acceptable) 6288 WINDLASS CIR. **BOYNTON BCH FL 33437** City Zip Code 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 \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003, Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE .- 8 ☐ Delete TITLE ☐ Change ☐ Addition MIKO, ANNETTE NAME 6288 WINDLASS CIR. STREET ADDRESS STREET ADDRESS **BOYNTON BCH FL 33437** CITY-ŠT-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

## A Kid's Room

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Attachment#

Phone: (561) 439-0072 FAX:

P98 000091404

Thursday, July 10, 2003

Florida Department of State
Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern,

A Uniform Business Report was received on July 10, 2003. As this is the first report we have received for 2003, I understand that the late filing fee will be waived. We have never paid a bill late.

Thank you for your consideration.

Sincerely,

Annette Miko
President/Owner