## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # P98000092788**

1. Entity Name CURLY SUE'S HIDEOUT, INC.



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Principal Plac	e of Business	Mailing Address						
3927 SW 16TH STREET 3		3927 SW 16TH STREET FORT LAUDERDALE, FL 33312						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6 Chg-P	CR2E034 (11/05	)	
City & State		City & State		4. FEI Nui		<u>  </u>	Applied For	
Zip	Country	Zip	Country	65-0883727  5. Certificate of Status Desired [		£0.75 .	dditional	
	6. Name and Address of Current F	legistered Agent		7. Name a	nd Address of New	Registered Agent		
			Name	<del>-  </del>				
3927 SW 1	O, VINCENT 16TH STREET JDERDALE, FL 33312		Street Address (P.O. Box Number is I		nber is Not Accepta	ble)		
I OKI BA			-					
	·		City		FL Zip Co	ode		
8. The above the obligat	named entity submits this statement for itoms of registered agent.	the purpose of changing its	registered office or	registered agent, or	both, in the State of	Florida. I am familiar wit	h, and accept	
:								
ŞIGNATURE_	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agent signatu	re required when reinstating		DATE		
FIL	Signature, typed or printed name of registered agent as ENOWIII FEE 13 \$150.00 ay 1, 2006 Fee writi be \$550.0	9. Election Campaig	gn Financing	\$5.00 May Be Added to Fees		DATE		
FIL	E NOWIII FEE IS \$150.00	9. Election Campaig Trust Fund Contr	gn Financing Ibution.	\$5.00 May Be Added to Fees			RS IN 11	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees		DATE  FFICERS AND DIRECTO		
After Ma 10.	E NOWIII FEE IS \$150.00  BY 1, 2006 Fee will be \$550.0  OFFICERS AND D  SACCULLO, VINCENT	9. Election Campai Trust Fund Contr	gn Financing Ibution.   11.  TITLE NAME	\$5.00 May Be Added to Fees		FFICERS AND DIRECTO		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-Z!P

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

954-792-6935

☐ Change

☐ Addition

**FILED** 

Feb 23, 2006 8:00 am Secretary of State

02-23-2006 90015 040 \*\*\*150.00