

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000100214

1. Entity Name
HOT COUTURE, INC.



FILED
Jun 02, 2004 08:00 AM
Secretary of State

Principal Place of Business
1000 PONCE DE LEON BLVD.
306
CORAL GABLES, FL 33134

Mailing Address
1000 PONCE DE LEON BLVD.
306
CORAL GABLES, FL 33134



05262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0882010

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUPIEN, SUSAN M
90 EDGEWATER DR., STE. 811
CORAL GABLES, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LUPIEN, SUSAN M
90 EDGEWATER DR., STE. 811
CORAL GABLES, FL 33133

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000000161915
06/02/04-80001-012 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/04 305-529-0423
Daytime Phone #