

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/5/

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-05-2004 90250 012 ***150.00

DOCUMENT # P99000077779			
1. Entity Name TRUDIES TREASURES, INC.			
Principal Place of Business 660 E. PROSPECT ROAD FORT LAUDERDALE FL 33334		Mailing Address 660 E. PROSPECT ROAD FORT LAUDERDALE FL 33334	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0964706		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

66426764



MOORE CR2E034 (11/03)

THOMPSON, TRUDY 5324 NE 6TH AVE. APT. 23D OAKLAND PARK FL 33334 <i>2010 NW 34th St</i> <i>OAKLAND PARK</i> <i>FL 33309</i>		Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reappointing)

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 <input type="checkbox"/> Delete	D THOMPSON, TRUDY 5324 NE 6TH AVENUE APT. 23D OAKLAND PARK FL 33334	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	D THOMPSON, ROGER 5324 NE 6TH AVENUE APT. 23D OAKLAND PARK FL 33334	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/27/04

Daytime Phone #