2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2004 8:00 am Secretary of State 03-01-2004 90073 001 ***150.00

Maining Address Make A SPRINSOED R WESTON, FL 33326 2. Procepted Place of Business 8160 N.W. 101 SCALL 8760 N.W. 101 SCALL 9760 N.W. 101 SCALL 101 SCALL 102 SCALL 102 SCALL 102 SCALL 102 SCALL 102 SCALL 102 SCALL 103 178 COUNTY 103 178 COUNTY 103 178 COUNTY 103 178 COUNTY 104 SERVEY, F.L. 105 SERVEY, F.L. 106 SERVEY, F.L. 107 SCALL 107 S	1. Entity Name PURE LEATHER'S INC.					03-01-200-	4 90073 002	****	*8.75
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## Country	City & State		`			CR2E034 (1		olied For	
Signature projected agent. Signature body a present agent as the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature projected agent agent as the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature projected agent agent as the purpose of changing its registered agent agent as the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature projected agent agent as the purpose of changing its registered agent agent as the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature projected agent agent as the purpose of changing its registered agent agent as the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature projected agent agent as the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature projected agent agent as the purpose of changing its registered agent agent agent agent as the purpose of the purpose of the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar	Hedley, FL.		Hedley, FL.					Not	t Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	<u> </u>	178 Usa	100110				Fee F	lequired	
Sirest Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current	Registered Agent	Name	_7. Name and	Address of New F	Registered Agent	<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, how or sometimene of registered agent and title if applicable. MOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. MOTE: Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the state of Floridas of the original part of the origina	1544 SPRINGSIDE DR			Street Addres	ss (P.O. Box Numb	er is Not Acceptabl	e)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE				City			EI Z	ip Code	
SIGNATURE Signature to the printed name of registered agent and title # acpicable. (NOTE Registered Agent signature required when reinstating) DATE	8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of FI		ar with, a	and accept
After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11.1 TITLE P CARDONA, ALICIA STREET ADDRESS OCTY-ST-2P TITLE MOUNTSEF, ELIAS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRE	the obligat	tions of registered agent.	_						ļ
### After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)		DATE .		 -]
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as it made under path; that I am an afficer or director	After Ma 10. TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY_ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND P CARDONA, ALICIA 1544 SPRINGSIDE DR WESTON, FL 33326 VP MOUNSEF, ELIAS 1544 SPRINGSIDE DR WESTON, FL 33326	DIRECTORS Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	CHANGES TO OFF		Change Change Change	Addition Addition Addition Addition

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

02-22-2004

Date

Daytime Phone #