


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90046 019 ***150.00

DOCUMENT # S28932 1. Entity Name PRINCESS MANAGEMENT & ASSOCIATES, INC.					
Principal Place of Business 407 LINCOLN RD SUITE 407 708 MIAMI BEACH FL 33139			Mailing Address 407 LINCOLN RD SUITE 407 708 MIAMI BEACH FL 33139		
2. Principal Place of Business - No P.O. Box # 407 Lincoln Road Suite, Apt. #, etc. Suite 708		3. Mailing Address 407 Lincoln Road Suite, Apt. #, etc. Suite 708			
City & State Miami Beach, Florida		City & State Miami Beach			
Zip 33139		Country U.S.A.		Zip 33139	
Country U.S.A.		Country U.S.A.			
6. Name and Address of Current Registered Agent MALEK, ROCHELLE 407 LINCOLN RD SUITE 407 708 MIAMI BEACH FL 33139					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title, if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MALEK, ROCHELLE 407 LINCOLN RD STE 4L MIAMI BEACH FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/06)

4. FEI Number **65-0347383** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Rochelle Malek* Jan. 29 2007 305-538-4431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #