

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 029 ***150.00

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| DOCUMENT # S36384 | |
| 1. Entity Name NANCY B. DESIGNS, INC. | |



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| Principal Place of Business 2475 SOUTH BAYSHORE DRIVE # 1 MIAMI, FL 33133 | Mailing Address 2475 SOUTH BAYSHORE DRIVE # 1 MIAMI, FL 33133 |
|---|---|

44000271



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01062004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0252669 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent BILLINGS, NANCY 15310 S.W. 77TH AVE. MIAMI, FL 33157 | | 7. Name and Address of New Registered Agent Name BILLINGS, NANCY Street Address (P.O. Box Number is Not Acceptable) 2475 S. BAYSHORE DR. #1 City MIAMI FL Zip Code 33133 | |
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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: *Nancy Billings* (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/04

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 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 | OP BILLINGS, NANCY 2475 SOUTH BAYSHORE DRIVE # 1 MIAMI, FL 33133 <input type="checkbox"/> Delete | 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 | 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 all other like empowered.

SIGNATURE: *Nancy Billings* DATE: 1/6/04 DAYTIME PHONE: 305 775-3470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR