


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90231 031 ***150.00

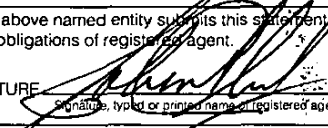
| | | |
|---|--|---|
| DOCUMENT # V48849 | |  |
| 1. Entity Name THE LECLAIRE BRIDAL COLLECTION INC. | | |

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|---|---|
| Principal Place of Business 3197 N FEDERAL HWY BOCA RATON, FL 33431 | Mailing Address 3197 N FEDERAL HWY BOCA RATON, FL 33431 |
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|--|--|
| 2. Principal Place of Business 2831 N. FEDERAL HWY. | 3. Mailing Address 2831 N. FEDERAL HWY. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

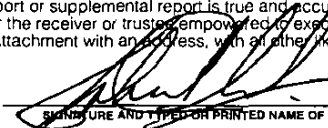
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|--------------------------------|--------------------------------|
| City & State BOCA RATON FL. | City & State BOCA RATON FL. |
| Zip 33431 | Country U.S.A. |
| Zip 33431 | Country U.S.A. |

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent CLERK, ROBERT I. 3197 N FEDERAL HWY BOCA RATON, FL 33431 | | 7. Name and Address of New Registered Agent Name CLERK, ROBERT I. Street Address (P.O. Box Number is Not Acceptable) 2831 N. FEDERAL HWY. City BOCA RATON FL Zip Code 33431 | |
|---|--|--|--|

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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  | ROBERT CLERK (PRES) 4-29-06 |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 | P CLERK, ROBERT 414 NW 47 TERR DEERFIELD BEACH, FL 33442 <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 | V CLERK, SHIRLEY A 414 NW 47 TERR, DEERFIELD BEACH, FL 33442 <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 exemptions contained in Chapter 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 an officer, like empowered. | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4-29-06 561-302-1321 Date Daytime Phone # |

ATTACHMENT 40082244**Division of Corporations****Annual Report****Annual Report Help**

Document Number

V48849

Business Entity Name

THE LECLAIRE BRIDAL COLLECTION INC.

FEI Number 650344311
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 2831 N FEDERAL HWY
Suite, Apt. #, etc.
City, State BOCA RATON, FL
Zip Code & Country 33431

Mailing Address

Address 2831 N FEDERAL HWY
Suite, Apt. #, etc.
City, State BOCA RATON, FL
Zip Code & Country 33431

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA CLERK, ROBERT I.

Address (PO Box is not acceptable) 2831 N FEDERAL HWY

Suite, Apt. #, etc. 2831

City, State BOCA RATON, FL

Zip Code & Country 33431 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title P
Name (Last, First, Middle, Title) CLERK , ROBERT , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 414 NW 47 TERR
City, State DEERFIELD BEACH , FL
Zip Code & Country 33442

Title V
Name (Last, First, Middle, Title) CLERK , SHIRLEY , A ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 414 NW 47 TERR,
City, State DEERFIELD BEACH , FL
Zip Code & Country 33442

Title
Name (Last, First, Middle, Title) , , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title

ATTACHMENT

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#V48849

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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