


May 31, 2004 5:10PM

No. 8499 P. 1/1

### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000029318</b> 1. Entity Name FASHION WEEK OF THE AMERICAS, INC.	
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Principal Place of Business 331 S.W. 74TH TERRACE PLANTATION, FL 33317	Mailing Address 331 S.W. 74TH TERRACE PLANTATION, FL 33317
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**DO NOT WRITE IN THIS SPACE**



00312004 No Chg-P CR2E004 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FERRERO, BETTY C 331 S.W. 74TH TERRACE PLANTATION, FL 33317
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**DO NOT WRITE IN THIS SPACE**

I, the above named entity, submit 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's name required after registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

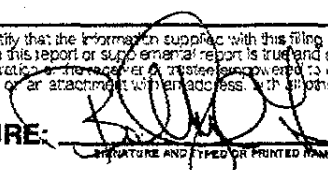
8. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRERO, BETTY C 331 S.W. 74TH TERRACE PLANTATION, FL 33317
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04/05/04-80047-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer 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 of changed, or of an attachment with an address, with another like empowered.

SIGNATURE:  Betty C. Ferrero 4/1/04 934-4765761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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STATE OF FLORIDA