


Never opened/1151

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000108941

1. Entity Name
FASHION BUG #3554, INC.



FILED
04 AUG 18 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
450 WINKS LN
BENSALEM, PA 19020

Mailing Address
3750 STATE RD.,
7-B13
BENSALEM, PA 19020

2. Principal Place of Business
3750 State Road
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State
Tax Compliance
Bensalem PA

City & State
Bensalem PA

Zip
19020

Country



07212004 Chg-P CR2E034 (10/03)

4. FEI Number
APPLIED FOR 81-0609817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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) DATE _____


FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BERN, DORRIT J	
STREET ADDRESS 450 WINKS LN	
CITY-ST-ZIP BENSALEM, PA 19020	
TITLE D	<input type="checkbox"/> Delete
NAME LIEBERMAN, KATHLEEN H	
STREET ADDRESS 450 WINKS LN	
CITY-ST-ZIP BENSALEM, PA 19020	
TITLE D	<input type="checkbox"/> Delete
NAME SPECTER, ERIC M	
STREET ADDRESS 450 WINKS LN	
CITY-ST-ZIP BENSALEM, PA 19020	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GRAUB, JONATHON	
STREET ADDRESS 450 WINKS LN	
CITY-ST-ZIP BENSALEM, PA 19020	
TITLE D	<input type="checkbox"/> Delete
NAME SULLIVAN, JOHN	
STREET ADDRESS 450 WINKS LN	
CITY-ST-ZIP BENSALEM, PA 19020	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Lieberman
STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP	Bensalem PA 19020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric Specter
STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP	Bensalem PA 19020
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neal Glueck
STREET ADDRESS	3750 State Road
CITY-ST-ZIP	Bensalem PA 19020
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Sullivan
STREET ADDRESS	450 Winks Lane
CITY-ST-ZIP	Bensalem PA 19020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  Neal Glueck 7-26-04 (215)633-4883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #