

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073481

FILED  
Mar 03, 2004  
Secretary of State

Entity Name: IT'S A PARTY INC.

**Current Principal Place of Business:**

340 MALLARD ROAD  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

340 MALLARD ROAD  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 65-1135785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, JAMIE  
340 MALLARD ROAD  
WESTON, FL 33327

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: COHEN, JAMIE B MRS  
Address: 340 MALLARD ROAD  
City-St-Zip: WESTON, FL 33327 US

Title: VP ( ) Delete  
Name: GIORDANO, DOMINIQUE M MISS  
Address: 1560 NW 128TH DR APT. 107  
City-St-Zip: SUNRISE, FL 33323 US

Title: TREA ( ) Delete  
Name: LANSMAN, STACEY MRS  
Address: 10937 W. BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33324 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE COHEN

PRES

03/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date