

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003942

FILED
Apr 30, 2007
Secretary of State

Entity Name: UPTOWN ACCESSORIES, INC.

Current Principal Place of Business:

3000 N. FEDERAL HWY.
STE. 7
FT. LAUDERDALE, FL 33306 US

New Principal Place of Business:

707 SE 3RD AVE
SUITE 400
FT. LAUDERDALE, FL 33316 US

Current Mailing Address:

3000 N. FEDERAL HWY.
STE. 7
FT. LAUDERDALE, FL 33306 US

New Mailing Address:

707 SE 3 AVE
SUITE 400
FT. LAUDERDALE, FL 33316 US

FEI Number: 65-0370192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISQUE, PHILIP A
707 SE THIRD AVE
SUITE 400
FT LAUDERDALE, FL 33316 US

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: DPT () Delete
Name: PETERSON, MORIA L
Address: 3000 N. FEDERAL HWY, SUITE 7
City-St-Zip: FT. LAUDERDALE, FL 33306 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: PETERSON, MORIA L
Address: 707 SE 3 AVE, SUITE 400
City-St-Zip: FT. LAUDERDALE, FL 33316 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MORIA PETERSON

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date