


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90004 034 ***158.75

DOCUMENT # 433304	
1. Entity Name FAY POTTER UNDERFASHIONS, INC.	

Principal Place of Business 95-31 HARDING AVE. SURFSIDE, FL 33154-2501	Mailing Address 95-31 HARDING AVE. SURFSIDE, FL 33154-2501 US
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2. Principal Place of Business - No P.O. Box # 184 CREPE MYRTLE DR.	3. Mailing Address 184 CREPE MYRTLE DR.
Suite, Apt. #, etc. c/o GEWIRTZ	Suite, Apt. #, etc. c/o GEWIRTZ
City & State GROVELAND, FL	City & State GROVELAND, FL
Zip 34736	Country USA

40000001



01022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1487192	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEWIRTZ, ARNOLD
95-31 HARDING AVE.
SURFSIDE, FL 33154-2501

7. Name and Address of New Registered Agent

Name **GEWIRTZ, ARNOLD**

Street Address (P.O. Box Number is Not Acceptable)
184 CREPE MYRTLE DR.

City **GROVELAND** FL Zip Code **34736**

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 *Arnold Gewirtz* **ARNOLD GEWIRTZ, PRESIDENT** 3/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTS GEWIRTZ, ARNOLD 95-31 HARDING AVE. SURFSIDE, FL 331542501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTS GEWIRTZ, ARNOLD 184 CREPE MYRTLE DR. GROVELAND, FL 34736 <input checked="" 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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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

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 other like empowered.

SIGNATURE: *Arnold Gewirtz* **ARNOLD GEWIRTZ, PRES.** 3/3/07-352-404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033