

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004404

FILED  
Aug 11, 2004  
Secretary of State

**Entity Name:** HILDA FLACK ACCESSORIES, INC.

**Current Principal Place of Business:**

7000 HIGHLANDS PARKWAY, STE. 140  
SMYRNA, GA 30082

**New Principal Place of Business:**

**Current Mailing Address:**

7000 HIGHLANDS PARKWAY, STE. 140  
SMYRNA, GA 30082

**New Mailing Address:**

**FEI Number:** 58-2105660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: FLACK, HILDA  
Address: 2999 COBB PKWY  
City-St-Zip: ATLANTA, GA 30339

Title: VPD ( ) Delete  
Name: KANSO, RIA YA  
Address: 1402 HIGHLAND BLUFF  
City-St-Zip: ATLANTA, GA 30339

Title: VP ( ) Delete  
Name: FLACK, JAMES  
Address: 2999 COBB PKWY  
City-St-Zip: ATLANTA, GA 30339

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

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

Title: VP (X) Change ( ) Addition  
Name: KANSO, RIA YA  
Address: 1402 HIGHLAND BLUFF  
City-St-Zip: ATLANTA, GA 30339

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: RIA YA KANSO

VP

08/11/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date