**DOCUMENT # F35360** 

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 10, 2004 08:00 AM Secretary of State

1. Entity Nam LASTING	IMPRESSIONS DESIGNS, I		)				
Principal Plac % STEPHEN 7360 SW 5TI PLANTATION	CIANCIO H ST.	Maiting Address % STEPHEN CIANCIO 7360 SW 5TH ST. PLANTATION, FL 33317					
	O NOT WRITE	IN THIS SPA	CE	09082004	No Chg-P	CR2E034 (10/0	
				59-2101		<b>60.75</b>	Not Applicable Additional
	6. Name and Address of Current Re	<del></del>	·····	5. Certificate o	of Status Desired	Fee Requ	
8. The above the obligations of	TH ST. ON, FL 33317  named entity submits this statement for 3 one of registered agent.		ored office or registe	IN T	NOT W	ACE	ith, and accept
	Signature, typed or printed name of registered agent and	file   epplicable. (NOTE: Registe	red Agent algosture require	od when reinstating)		DATE	
FILE NOWIII FEE IS \$550.00  9. Election Campaign Fine Due by September 5, 2004  9. Election Campaign Fine				5.00 May Be ded to Fees	3,		
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIANCIO, STEPHEN 7360 SW 5TH ST. PLANTATION, FL			•	09/10/0 05/01\eo	00172057 4-80001-01	1 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CIANCIO, DONNA 6700 CYPRESS RD., #406 PLANTATION FI						

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stelled in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated 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:

TITLE NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPES OR PRINTED NAME OF MOMING OFFICES OR ORDER

1.) 4-1-09

791-8480 X 3U