



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # H34992 1. Entity Name FASHIONAIRE, INC.																																										
Principal Place of Business 1242 NORTHLAKE BLVD LAKE PARK, FL 33403		Mailing Address 1242 NORTHLAKE BLVD LAKE PARK, FL 33403																																								
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;"></div> <div>01052005 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-2471731</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2471731	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
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6. Name and Address of Current Registered Agent HILL, ELAINE 1242 NORTHLAKE BLVD LAKE PARK, FL 33403		DO NOT WRITE IN THIS SPACE																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>HILL, ELAINE</td></tr><tr><td>STREET ADDRESS</td><td>8709 DAMASCUS DR.</td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE PARK, FL</td></tr><tr><td>TITLE</td><td>STD</td></tr><tr><td>NAME</td><td>HILL, REUBEN</td></tr><tr><td>STREET ADDRESS</td><td>8709 DAMASCUS DR.</td></tr><tr><td>CITY-ST-ZIP</td><td>LAKE PARK, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PD	NAME	HILL, ELAINE	STREET ADDRESS	8709 DAMASCUS DR.	CITY-ST-ZIP	LAKE PARK, FL	TITLE	STD	NAME	HILL, REUBEN	STREET ADDRESS	8709 DAMASCUS DR.	CITY-ST-ZIP	LAKE PARK, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: right;">U000000175290 01/10/05-80045-018 150.00</div> <div style="text-align: center; padding-top: 50px;">DO NOT WRITE IN THIS SPACE</div>
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Reuben Hill</u> <u>1-5-05</u> <u>561-844-0908</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										