
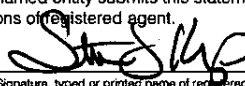
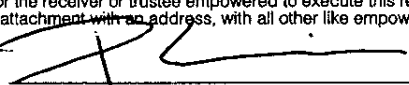


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90030 046 ***150.00

DOCUMENT # J24353 1. Entity Name CHELSEA FASHION SERVICES, INC.			
Principal Place of Business C/O GEORGE D. PERLMAN 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 US		Mailing Address C/O GEORGE D. PERLMAN 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 US	
2. Principal Place of Business 3331 N.E. 59 STREET Suite, Apt. #, etc.		3. Mailing Address 3331 N.E. 59 STREET Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL Zip 33308 Country USA		City & State FT. LAUDERDALE, FL Zip 33308 Country USA	
4. FEI Number 59-2720151		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERLMAN, GEORGE D P.A. 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name STEVEN Y. KARP, CPA Street Address (P.O. Box Number is Not Acceptable) 12460 W. ATLANTIC BLVD City CORAL SPRINGS FL Zip Code 33071	
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  STEVEN Y. KARP CPA DATE 1/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD LEWIS, GODFREY <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	3331 NE 59TH STREET	NAME	
STREET ADDRESS	FORT LAUDERDALE, FL 33308	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TDS <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LEWIS, PRISCILLA	NAME	
STREET ADDRESS	3331 NE 59TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  P. LEWIS DATE 1/23/04 DAYTIME PHONE # 954 776 2393 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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01122004 Chg-P CR2E034 (10/03)