
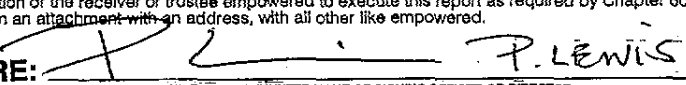


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # J24353 1. Entity Name CHELSEA FASHION SERVICES, INC.			
Principal Place of Business 3331 N.E. 59 ST FORT LAUDERDALE, FL 33308 US		Mailing Address 3331 N.E. 59 ST FORT LAUDERDALE, FL 33308 US	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 59-2720151	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVEN Y. KARP, CPA 12460 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071			
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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)) 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		1100000190832 01/24/05-80131-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, GODFREY 3331 NE 59TH STREET FORT LAUDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS LEWIS, PRISCILLA 3331 NE 59TH STREET FORT LAUDERDALE, FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS 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)(f), 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		1/19/05 8547762393	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	