

Closed 1-12-01

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07212004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # K90149</b> 1. Entity Name <b>FASHION BUG AND FASHION BUG PLUS #2179, INC.</b>					
Principal Place of Business <b>56TH ST. 7 &amp; BULLARD PKWY CORP. TAX DEPT. TAMPLE TERRACE, FL 33617 US</b>			Mailing Address <b>3750 ST RD 1313 BENSALEM, PA 19020 US</b>		
2. Principal Place of Business <b>3750 State Road</b> Suite, Apt. #, etc. <b>Tax Compliance</b> City & State <b>Bensalem PA</b> Zip <b>19020</b>		3. Mailing Address <b>3750 State Road</b> Suite, Apt. #, etc. <b>Tax Compliance</b> City & State <b>Bensalem PA</b> Zip <b>19020</b>		4. FEI Number <b>52-1686659</b>	
Country <b>US</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>					
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DORRITT, BERN</b> <b>450 WINKS LN</b> <b>BENSALEM, PA 19020</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Eric Specker</b> <b>450 Winks Lane</b> <b>Bensalem PA 19020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SULLIVAN, JOHN J</b> <b>450 WINKS LN</b> <b>BENSALEM, PA 19020</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900040318619</b> <b>08/19/04--01013--020 **550.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERN, DORRIT J</b> <b>450 WINKS LANE</b> <b>BENSALEM, PA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Pres/Dire./Asst Sec.</b> <b>Neal Glueck</b> <b>3750 State Road</b> <b>Bensalem PA 19020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>SPECTER, ERIC</b> <b>450 WINKS LN</b> <b>BENSALEM, PA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Pres/sec/Dire</b> <b>Kathleen Lieberman</b> <b>450 Winks Lane</b> <b>Bensalem PA 19020</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Neal Glueck</b> 7-26-04 (215) 633-4883 Date Daytime Phone #		