2004 FOR PROFIT CORPORATION

Aug 09, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L81654 1. Entity Name 08-09-2004 90008 035 ***150.00 SASSY KAT LINGERIE OF PALM BEACH, INC. Principal Place of Business Mailing Address % ROBERT W. WYMAN 1705 S. MILITARY TRAIL WEST PALM BEACH FL 33415 % ROBERT W. WYMAN 24079116 1705 S. MILITARY TRAIL WEST PALM BEACH FL 33415 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 30-0015052 1705 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3341 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lingenie -- WYMAN, ROBERT-W: (P.O Box Number is Not Acceptable) 3095 S MILITARY TRAIL LAKE WORTH FL 33463 Zip Code 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 and title if applicable. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition SIIRA, ROY NAME NAME STREET ADDRESS 4210 WATÈWAY DR STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP. PUT TITLE TITLE Change ☐ Addition STICA, BRUCE W LACOTTECT STRA Bruce NAME NAME STREET ADDRESS 530 NORTH C ST STREET ADDRESS 530 North CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

FILED