

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006919

1. Entity Name
FABULOUS FLORIDA FOLLIES, INC.



Principal Place of Business

2922 N STATE RD 7
MARGATE, FL 33063

Mailing Address

2922 N STATE RD 7
MARGATE, FL 33063



01142008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1078948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REFFSIN, SYLVIA
7798 GRANVILLE DR
TAMARAC, FL 33321

**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

SYLVIA REFFSIN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
DOOLEY, CATHERINE
2922 N STATE RD 7
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FISHER, LILLIAN
3300 N.E. 36TH ST. #1004
LAUDERDALE BY THE SEA, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
REFFSIN, SYLVIA
7798 GRANVILLE DR
TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

SYLVIA REFFSIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA REFFSIN

Date

Daytime Phone #

1/16/08 954 720-1880