


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90035 038 \*\*\*\*70.00

<b>DOCUMENT # N03000004021</b> 1. Entity Name <b>FASHION SHOWCASE, INC.</b>					
Principal Place of Business <b>11111 BISCAYNE BLVD STE 1204 NORTH MIAMI, FL 33161</b>			Mailing Address <b>11111 BISCAYNE BLVD STE 1204 NORTH MIAMI, FL 33161</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>16-1672822</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ANSCHER, LAUREN 11111 BISCAYNE BLVD STE 1204 NORTH MIAMI, FL 33161</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANSCHER, LAUREN <i>Pres</i> <input type="checkbox"/> Delete 11111 BISCAYNE BLVD STE 1204 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SHARRON <input type="checkbox"/> Delete 62 HORSESHOE HILL RD. PONDRIIDGE, NY 10576		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JASON <input type="checkbox"/> Delete 210 NO. OXFORD RD. CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM O'REILLY, PATRICIA M <input type="checkbox"/> Delete 6660 BISCAYNE BLVD 2ND FLOOR MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DBM ST. LAWRENCE, JANE <input type="checkbox"/> Delete 1471 NE 108 STREET MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, JENNIFER <i>VP</i> <input type="checkbox"/> Delete 531 76 ST. MIAMI BEACH, FL		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 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 title empowered.					
<b>SIGNATURE:</b> <i>Lauren Anscher</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT

40097113

May 1, 2006

To Whom It May Concern,

Fashion Showcase Inc. (<sup>non</sup> Profit Corp)

Lavren Anscher

1111 Biscayne Blvd.

North Miami, Florida 33161

Did not receive the annual 2006

~~Report file EIN # 161672822~~

the Corporation Doc # N03008004021

The mailing address for

Fashion Showcase Inc

12555 Biscayne Blvd

North Miami, Fla 33181

I am enclosing a check for  
61<sup>25</sup> for the annual Report and  
8<sup>75</sup> for the certificate.

Thank you very much  
for your very kind attention.

Sincerely,

Lavren Anscher

Tel# 305 8938200