

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90015 012 ****70.00

DOCUMENT # N03000004021

1. Entity Name
FASHION SHOWCASE, INC.



Principal Place of Business
**11111 BISCAYNE BLVD STE 1204
NORTH MIAMI, FL 33161**

Mailing Address
**11111 BISCAYNE BLVD STE 1204
NORTH MIAMI, FL 33161**

40111839



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06132008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

16-1672822

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANSCHER, LAUREN
11111 BISCAYNE BLVD STE 1204
NORTH MIAMI, FL 33161**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ANSCHER, LAUREN	
STREET ADDRESS	11111 BISCAYNE BLVD STE 1204	
CITY - ST - ZIP	NORTH MIAMI, FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, SHARRON	
STREET ADDRESS	62 HORSESHOE HILL RD.	
CITY - ST - ZIP	PONDRIDGE, NY 10576	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, JASON	
STREET ADDRESS	210 NO. OXFORD RD.	
CITY - ST - ZIP	CASSELBERRY, FL 32707	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	O'REILLY, PATRICIA M	
STREET ADDRESS	6660 BISCAYNE BLVD 2ND FLOOR	
CITY - ST - ZIP	MIAMI, FL 33138	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	ST. LAWRENCE, JANE	
STREET ADDRESS	1471 NE 108 STREET	
CITY - ST - ZIP	MIAMI, FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORDON, JENNIFER	
STREET ADDRESS	531 76 ST.	
CITY - ST - ZIP	MIAMI BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Founder + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anscher Lauren	
STREET ADDRESS	11111 Biscayne Blvd	
CITY - ST - ZIP	North Miami FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President Jennifer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer Gordon	
STREET ADDRESS	11111 Biscayne Blvd	
CITY - ST - ZIP	North Miami FL 33161	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lauren Anscher
June 27 2008

Date

Daytime Phone #