


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000086275	
1. Entity Name CLAIRE'S THE VERY BEST! INC.	

Principal Place of Business 1630 W HALLANDALE BEACH BLVD. HALLANDALE, FL 33009-4610	Mailing Address 1630 W HALLANDALE BEACH BLVD. HALLANDALE, FL 33009-4610
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04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040195	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POLK, CLAIRE
2500 MARKVIEW DR. APT 906
HALLANDALE BCH, FL 33009

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000128017
04/26/04-R0022-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLK, CLAIRE
STREET ADDRESS	2500 PARKVIEW DR. APT 906
CITY-ST-ZIP	HALLANDALE BCH, FL 33009
TITLE	D
NAME	POLK, SAMUEL
STREET ADDRESS	2500 PARKVIEW DR. APT 906
CITY-ST-ZIP	HALLANDALE BCH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Samuel Polk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
Date

Daytime Phone #