


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000102616
 1. Entity Name
 A FANTASY PARTY COMPANY



Principal Place of Business 914 STANTON DRIVE WESTON, FL 33326	Mailing Address 914 STANTON DRIVE WESTON, FL 33326
--	--

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEJ Number 65-1147181	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUNDERS, BRAD K
 100 S.E. 2ND STREET, 17TH FLOOR
 MIAMI, FL 33131

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROTHMAN, CHARLES 157 E BAYRIDGE DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTHMAN, STANLEY 914 STANTON DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROTHMAN, LINDA 157 E BAYRIDGE DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTHMAN, ELIZABETH 914 STANTON DRIVE WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000102993
 04/05/04-80038-009 150.00

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)(f), 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: Stanley Rothman **STANLEY ROTHMAN** 4/2/04 954-275-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #