

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90005 023 ***150.00

DOCUMENT # P01000116571
1. Entity Name
WHIMSICAL WORLD APPAREL INC.



Principal Place of Business: 3777 NW 46TH STREET, MIAMI FL 33142
Mailing Address: 3777 NW 46TH STREET, MIAMI FL 33142

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State

Zip: 33142, Country: Dada
4. FEI Number: 65-1159092
Applied For: Not Applicable

6. Name and Address of Current Registered Agent
SANDS, MICHAEL
1227 FAIRFAX TRACE
WESTON FL 33326



MOORE CR2E034 (11/03)
5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Michael Sands V.P.* DATE: 1/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COY, ROBERT	
STREET ADDRESS	13100 NE 3RD COURT	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANDS, MIKE	
STREET ADDRESS	1227 FAIRFAX TRACE	
CITY-ST-ZIP	WESTON FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELILLO, SAM	
STREET ADDRESS	182 LONG KEY ROAD	
CITY-ST-ZIP	KEY LARGO FL 33307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	14000 SW 137th Ave,	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
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		

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: *Michael Sands V.P.* DATE: 1/22/04 305-634-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #