

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010788

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** THE NAKED TRUTH III MEGA CENTER, INC.

**Current Principal Place of Business:**

407 LINCOLN ROAD, SUITE 708  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

7020 NW 72 AVE  
MIAMI, FL 33166

**Current Mailing Address:**

407 LINCOLN ROAD, SUITE 708  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 02-0592343      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FEINGOLD, LAURENCE ESQ.  
407 LINCOLN ROAD, SUITE 708  
MIAMI BEACH BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PULWAR, MICHAEL  
Address: 1019 FIFTH STREET  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: PULWER, MICHAEL  
Address: 7020 NW 72 AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PULWER

D

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date