


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000013890 1. Entity Name DRESSING ROOM, INC.	
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Principal Place of Business 2324 NW 5TH AVE. MIAMI, FL 33127	Mailing Address 2324 NW 5TH AVE. MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0403647	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERA, REINA 2324 NW 5TH AVE. MIAMI, FL 33127

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000097242 03/26/04-80032-014 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECHNAÏNOU, DEANNA FULLER 2324 NW 5TH AVE. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECHNAÏNOU, YVES 2324 NW 5TH AVE. MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, REINA 1330 NE 105TH STREET, #302 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, TIMOTHY 1330 NE 105TH STREET, #302 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, PATRICIA 3660 NE 166TH STREET NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, SONIA 1931 SE HARRIS AVE PORT ST LUCIE, FL 33314

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/13/04 305-576-0884 <small>Date Daytime Phone #</small>
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