


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90015 038 ***158.75

DOCUMENT # P02000013890		
1. Entity Name DRESSING ROOM, INC.		

Principal Place of Business 2324 NW 5TH AVE. MIAMI, FL 33127	Mailing Address 2324 NW 5TH AVE. MIAMI, FL 33127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03292005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent RIVERA, REINA 2324 NW 5TH AVE. MIAMI, FL 33127	
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7. Name and Address of New Registered Agent Name <u>DeAnna Fuller Bechnainou</u> Street Address (P.O. Box Number is Not Acceptable) <u>2324 NW 5th Avenue</u> City <u>Miami</u> FL Zip Code <u>33127</u>	
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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 <u>DeAnna Fuller Bechnainou</u> <small>(Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating))</small>	DATE <u>03/29/05</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECHNAINOU, DEANNA FULLER 2324 NW 5TH AVE. MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BECHNAINOU, YVES 2324 NW 5TH AVE. MIAMI, FL 33127 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, REINA 1330 NE 105TH STREET, #302 MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, TIMOTHY 1330 NE 105TH STREET, #302 MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, PATRICIA 3660 NE 166TH STREET NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, SONIA 1931 SE HARRIS AVE PORT ST LUCIE, FL 33314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>DeAnna Fuller Bechnainou</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>03/29/05</u> (305) 576-0884 <small>Date Daytime Phone</small>