2003 FOR PROFIT CORPORATION

2(UN	003 FOR PROFI IFORM BUSINE	T CORPOR	ATION T (UBR)	Aug 21,	ILED 2003 8:00 aı	m 88
DOCUMENT # P02000015721				Secretary of State 08-21-2003 90111 037 ***550.00		
FASHION	I PASSION BOUTIQUE, INC.					
Principal Place 3345 NE 32NI FT LAUDEROA		Mailing Address 3345 NE 32ND STREET FT LAUDERDALE FL 3330	8 .			
2. Principal F 3215 Suite, Apt.	Place of Business N. OCEAN BLVD #, etc.	3. Mailing Address 3215 N OCE Suite, Apt. #, etc.	AN BLUD		: IF MAKING CHANGES	
City & Stat	AUDERDALE FL	City & State	PALE FL	4. FEI Number 360/9	Applied For Not Applica	
33308	Country USA	33308	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee, Required	
6. Name and Address of Current Registered Agent WARNER, JEFFERY 3345 NE 32ND STREET FT LAUDERDALE FL 33308			Name Street Add	7. Name and Address of New Registered Agent Name SEFFERY WARNER Street Address (P.O. Box Number is Not Acceptable) 32.15 N OCEAN BLVD		
	tions of registered agent.)	nest	registered office or re	gistered agent, or both, in the State of Flequired when reinstating)	FL Zip Code 333 CF orida. I am familiar with, and acce -/1-03 DATE	pt
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. k Payable to Florida Department of	1		Election Campaign Fi Trust Fund Contribution		e
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warner, andrea 3345 Ne 32ND Street Ft Lauderdale Fl 33308	∑ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREA WARM 3215 N. OCEA FTLAND FL		DESE034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warner, Jeffery 3345 Ne 32ND Street Ft Lauderdale fl 33308	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFERY WARN 3215 N. OCEAN FT. LANDL FZ.	V BLVD	don 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addit	ion
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addit	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addit	ion
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m wered to execute this report a	the exemption stated y signature shall have as required by Chapte	in Section 119.07(3)(i), Florida Statutes. the same legal effect as if made under or 607, Torida Statutes; and that my nam	I further certify that the information oath; that I am an officer or director e appears in Block 10 or Block 11	n or if

SIGNATURE:

SIGNATURE REQUIRED—
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

Daytime Phone #