

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90038 004 \*\*\*150.00

**DOCUMENT # P03000015210**

1. Entity Name  
**UNWRAP THE PARTY, INC.**



Principal Place of Business      Mailing Address

111 NORTH COMMERCE AVE      111 NORTH COMMERCE AVE  
 SEBRING, FL 33870      SEBRING, FL 33870

2. Principal Place of Business      3. Mailing Address

**131 N. Ridgewood DR.**      **131 N. Ridgewood DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Sebring, FL**      **Sebring, FL**

Zip      Country      Zip      Country

**33870**      **USA**      **33870**      **USA**



04082004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**16-1653370**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HIRSH, DEBRA**  
 111 NORTH COMMERCE AVE  
 SEBRING, FL 33870

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**131 N. Ridgewood DR.**

City **Sebring**      FL      Zip Code **33870**

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: **Debra Hirsh**      **Debra Hirsh (PRES.)**      **4/8/04**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	HIRSH, DEBRA	
STREET ADDRESS	111 NORTH COMMERCE AVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIRSH, RICHARD	
STREET ADDRESS	111 NORTH COMMERCE AVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>131 N. Ridgewood DR.</b>	
CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>131 N. Ridgewood DR.</b>	
CITY-ST-ZIP	<b>Sebring, FL 33870</b>	
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		
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: **Debra Hirsh**      **Debra Hirsh**      **4/8/04**      **863.386.4417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #