


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90667 003 \*\*\*150.00

<b>DOCUMENT # P03000026449</b>					
<b>1. Entity Name</b> COSTUME DEPOT, INC.					
<b>Principal Place of Business</b> 802 NW 1ST AVENUE DELRAY BEACH, FL 33444			<b>Mailing Address</b> 802 NW 1ST AVENUE DELRAY BEACH, FL 33444		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 83-0351999	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRAND, MARK S 3440 HOLLYWOOD BOULEVARD SUITE #450 HOLLYWOOD, FL 33021			<b>7. Name and Address of New Registered Agent</b> Name <u>Joan Freedman</u> Street Address (P.O. Box Number is Not Acceptable) <u>802 NW 1st Ave</u> City <u>Delray Beach</u> <b>FL</b> Zip Code <u>33444</u>		
<b>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.</b> SIGNATURE <u>Joan Freedman</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Director <input type="checkbox"/> Delete Joan Freedman 802 NW 1 Ave Delray Beach, FL 33444				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete Natalie Baker Trees 9177 Cove Point Circle Boynton Beach, FL 33437				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec. <input type="checkbox"/> Delete Ellen Holmes 15895 NW 14 Ct Pembroke Pines, FL 33028				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joan Freedman Director President</u> <input checked="" type="checkbox"/> 4/8/04 <input checked="" type="checkbox"/> 954-649-7225					