


FILED
May 21, 2004 8:00 am
Secretary of State

04-30-2004 90233 017 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000084480			
1. Entity Name PIN-UP GIRL, INC.			
Principal Place of Business 3350 NE 192ND ST AVENTURA, FL 33180		Mailing Address 3350 NE 192ND ST AVENTURA, FL 33180	
2. Principal Place of Business 2900 WEST SAMPLE RD. Suite, Apt. #, etc. # 277		3. Mailing Address 17290 NE 19 Ave Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State N. MIAMI BEACH, FL	
Zip 33073		Country	
4. FEI Number 32-0087276		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALMAN, MARTIN H 17290 NE 19TH AVE NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DR HAVAS, ROBERT 2900 W. SAMPLE RD. POMPANO BEACH, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition 2900 W. SAMPLE RD. #277 POMPANO BEACH, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS HAVAS, CARMELA 3350 NE 192ND ST AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS HAVAS, CARMELA 3350 NE 192 ST AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change 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: _____		CARMELA HAVAS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	