## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000122647** 1. Entity Name 04-30-2004 90380 002 \*\*\*150.00 FASHION SENSE, INC. Principal Place of Business Mailing Address 14210 CYBER PLACE, #304 14210 CYBER PLACE, #304 TAMPA, FL 33613 TAMPA, FL 33613 2. Principal Place of Business 3. Mailing Address 14-210 CYBER PL 14210 LYBER PL Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Cha-P APE# 303 Apt # 303 City & State City & State 4. FEI Number Applied For 30-0212144 TAMPA 33613 TAMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYONS, GARY W Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Delete TITLE PRESIDENT Addition GUZELEE, BUGRA NAME NAME GUZELCE, BUGRA STREET ADDRESS 14210 CYBER PLACE, #304 STREET ADDRESS 14210 CYBER PL. # 303 CITY-ST-ZIP **TAMPA, FL 33613** CITY-ST-ZIP TAMPA FL. 33613 TITLE ☐ Delete TITLE 30 Change ☐ Addition GUZELEE, KAYHAN GUZELCE, KAYIHAN NAME NAME 14210 CYBER PLACE, #304 STREET ADDRESS STREET ADDRESS 14210 CYBER PL. # 303 TAMPA, FL 33613 CITY-ST-7IP CITY-ST-ZIP TAMPA FL. 33613 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 supplied ental 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 of 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 add less, with all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**