


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000018849**

1. Entity Name  
**MYRA'S FASHION HANDBAGS, INC.**



Principal Place of Business  
**404A BREVARD AVE  
 COCOA FL 32922**

Mailing Address  
**404A BREVARD AVE  
 COCOA FL 32922**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent  
**DYER, DAVID W  
 325 FIFTH AVE  
 INDIALANTIC FL 32903**

4. FEI Number **59-3168493**

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

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSENBERG, MYRA</b> <b>404A BREVARD AVE</b> <b>COCOA FL 32922</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SNOW, KAY</b> <b>404A BREVARD AVE</b> <b>COCOA FL 32922</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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

*Sorry - the envelope window was shown as Myra's instead of Div. of Corp., and was sent back to me -*

12. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate, and that my, of the corporation or the receiver or trustee empowered to execute this report a if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Kay Snow*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

I certify that the information I am an officer or director rs in Block 10 or Block 11

1-631-3327  
 Daytime Phone #