2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000051752

1. Entity Name FASHION BUG #2215, INC.



FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90282 036 ***150.00

Pincipal Place of Business 3.5 STATE RD CORP TAX DEPT BENALEM, PA 19020 2. Principal Place of Business 3. Malling Address 3. State RD CORP TAX DEPT BENALEM, PA 19020 2. Principal Place of Business Suce. Apt. V. etc. Subse. Apt. V. etc. City & State City &							1	TOL											
Subject Subj	315 E VAN FLEET DRIVE				3750 STATE RD CORP. TAX DEPT.					 		 	11!		8371 3 8 1181 8				
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Country Zip	City & State				City & State				4.				3				J	1	
1. Name and Address of Current Registered Agent	Zip		Country		Zip	ntry							esired	\$8.75 Additional					
Name Street Address (P.O. Box Number is Not Acceptable)	-	6. Name	and Address of Curren	t Regis	istered Agent														
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	1201 HAYS	TION SE S STREET	RVICE COMPANY		Agom.			Address (-							ied A	96111		
SIGNATURE Signature Signa					City	City						FL Zip Co			de				
SIGNATURE Spreadure, typed or primited reame of regolatorid agent and tell of applicability. Note	8. The above the obligation	named entity ons of regist	y submits this statement tered agent.	for the p	ourpose of changing its	register	ed office o	r register	red a	gent,	or bot	h, in t	the Sta	ate of F	lorida.	l am fa	amiliar with,	and acc	ept
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PECTER, ERIC SPECTAGES SIRET ADDRESS CITY-ST-2P SILLIVAN, JOHN J STREET ADDRESS CITY-ST-2P SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P T		Signature byned		at and title	if applicable (NOT)	- Rosintoro	od Amont nigno	hyro consuitor	d 11400	valantat	in as \					ATC			
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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 arrivers, with all other like empowered.

SIGNATURE:

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(als) 633.4883

Daytime Phone #