
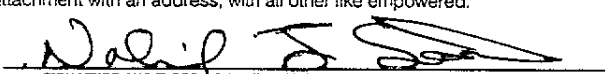


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000062558 1. Entity Name ON TIME FASHIONS, INC.					
Principal Place of Business 2701 SW COLLEGE ROAD SUITE 501 OCALA FL 34474			Mailing Address 2701 SW COLLEGE ROAD SUITE 501 OCALA FL 34474		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3207320	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAAD, NABIL J 2701 SW COLLEGE ROAD SUITE 501 OCALA FL 34474			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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	P SAAD, NABIL J 3676 SE 53RD COURT OCALA FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000033179 02/05/04-80033-009 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STR SAAD, BOSHRA N. 3367 SE 53RD COURT OCALA FL 34471		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		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:  1-30-04					



MOORE CR2E034 (11/03)