

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000029577

1. Entity Name
GLORIA'S FASHION EXCHANGE OF SARASOTA, INC.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
3556 CLARK ROAD 3556 CLARK ROAD
SPACE 122 SPACE 122
SARASOTA, FL 34231 SARASOTA, FL 34231



04102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0567410 Not Applicable

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

6. Name and Address of Current Registered Agent

PUGLIESE, GLORIA
617 N PORTIA ST
NOKOMIS, FL 34275

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PUGLIESE, GLORIA
STREET ADDRESS	617 N PORTIA ST
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	PUGLIESE, FRANK
STREET ADDRESS	617 N PORTIA ST
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/05-80020-015 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Gloria Pugliese* 4-13-05 941-923-2562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #