


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 018 ***150.00

ANNUAL REPORT

DOCUMENT # P94000029577

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



Principal Place of Business Mailing Address

3556 CLARK ROAD **3556 CLARK ROAD**
SPACE 122 **SPACE 122**
SARASOTA, FL 34231 **SARASOTA, FL 34231**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.
7280 S. TAMiami TRl Suite, Apt. #, etc.
7280 S. TAMiami TRl

City & State City & State

SARASOTA FL. **SARASOTA FL.**

Zip Country Zip Country

34231 **34231** **FL** **FL**

4. FEI Number
65-0567410 Applied For
 Not Applicable

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

03132006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent

PUGLIESE, GLORIA
617 N PORTIA ST
NOKOMIS, FL 34275

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUGLIESE, GLORIA		NAME	
STREET ADDRESS 617 N PORTIA ST		STREET ADDRESS	
CITY-ST-ZIP NOKOMIS, FL 34275		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PUGLIESE, FRANK		NAME	
STREET ADDRESS 617 N PORTIA ST		STREET ADDRESS	
CITY-ST-ZIP NOKOMIS, FL 34275		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 4-1-06 941-927-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

GLORIA PUGLIESE