

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90031 029 \*\*\*150.00

|   |   |         |   |   |  |
|---|---|---------|---|---|--|
| <b>DOCUMENT # P95000071777</b><br>1. Entity Name<br><b>FASHIONS BY SANDRA, INC.</b>   |   |         |   |   |  |
| Principal Place of Business<br><b>465 WEST 29TH STREET<br/>HALLANDALE, FL 33316</b>   |   |         | Mailing Address<br><b>465 WEST 29TH STREET<br/>HALLANDALE, FL 33316</b>             |   |  |
| 2. Principal Place of Business<br><b>208 S.E. 6TH STREET<br/>FORT LAUDERDALE, FL 33316</b>  |   |         | 3. Mailing Address<br><b>208 S.E. 6TH ST<br/>FORT LAUDERDALE, FL 33316</b>          |   |  |
| Suite, Apt. #, etc.   |   |         | Suite, Apt. #, etc.   |   |  |
| City & State  |   |         | City & State  |   |  |
| Zip   |   | Country |   | Zip   |  |
| Country   |   | Country |   | 4. FEI Number<br><b>65-0623181</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>REKANT, KENNETH N<br/>169 LINCOLN ROAD STE 208<br/>MIAMI BEACH, FL 33139</b>  |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br><b>DARIO RECINE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>301 N.E. 14th ST.</b><br>City<br><b>HALLANDALE</b> |  |
| 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:<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |         |   |   |  |
| DATE:   |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |  |
| <b>\$5.00 May Be<br/>Added to Fees</b>  |   |         |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>RECINE, DARIO<br/>301 NE 14TH ST #302<br/>HALLANDALE, FL 33009</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Delete   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |         |   |   |  |
| <b>SIGNATURE:</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |         |   |   |  |
| <small>Date</small>   |   |         |   |   |  |
| <small>Daytime Phone #</small>  |   |         |   |   |  |