## 2004 FOR PROFIT CORPORATION (ANNUAL REPORT (AR)

## Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P96000013303 1. Entity Name 04-30-2004 90357 001 \*\*\*150.00 168 FRESH LOOK, INC. Principal Place of Business Mailing Address 44041090 168 S.E. 1 ST. P.O. BOX 13351 **MIAMI FL 33101** MIAMI FL 33131 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0656561 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Shorman-SHERMAN, JEFF Street Address (P.O. Box Number is Not Acceptable 168 SE 1 STREET # 803 MIAMI FL 33131 8. The above name 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. 4/28/04 JEFF SHERMAN SIGNATURE (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE Sherman, Alan J 17 East Flagler st #11) SHERMAN, ALAN J. STREET ADDRESS 168 SE 1 STREET #803 STREET ADDRESS FC 33131 CITY-ST-ZIF MIAMI FL 33131 CITY-ST-ZIP micmi ☐ Delete TITLE Addition NAME SHERMAN, BERTA NAME STREET ADDRESS 168 SE 1ST STREET#801 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME SHERMAN, BRYAN NAME Sherman, -bry-cy 17 East Flagler of #111 STREET ADDRESS 168 S.E. 1 ST., #801 STREET ADDRESS FC 33131 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP miemi Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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.

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/24

**FILED** 

305 3750720

Daytime Phone #