

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000066123**

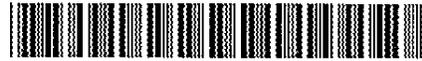
1. Entity Name  
**SANDY'S MASTECTOMY BOUTIQUE & MOBILE SERVICE NEW CORP.**



Principal Place of Business  
 1605 N STATE ROAD 7  
 SUITE A  
 MARGATE, FL 33063

Mailing Address  
 1605 N STATE ROAD 7  
 SUITE A  
 MARGATE, FL 33063

**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0681529

App. Not

5. Certificate of Status Desired  **\$8.75 Additi**  
 Fee Required

6. Name and Address of Current Registered Agent

**FRANK SAVINO**  
 1605 N. STATE RD. 7  
 SUITE A  
 MARGATE, FL 33063

**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 understand, the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000090245  
 03/17/04-80011-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAVINO, SANDRA 2211 N.W. 40TH TERRACE COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANK SAVINO 1605 N. STATE RD. 7 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FRANK SAVINO 954.972.1270**