


**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.	
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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
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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
Fees Required**

6. Name and Address of Current Registered Agent FRANK SAVINO 1605 N. STATE RD. 7 SUITE A MARGATE, FL 33063
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**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 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000090245 03/17/04-80011-008 150.00
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **FRANK SAVINO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-15-04** Daytime Phone #

FRANK SAVINO 954.972.1270