

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000062813

1. Entity Name
A FITTING EXPERIENCE MASTECTOMY SHOPPE, INC.



Principal Place of Business
5816 STIRLING ROAD
HOLLYWOOD, FL 33021

Mailing Address
5816 STIRLING ROAD
HOLLYWOOD, FL 33021

FILED
Apr 02, 2005 08:00 AM
Secretary of State



02262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0765969

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGAMI, BETH
2251 N W 40 TERRACE
COCONUT CREEK, FL 33066

**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 accept 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
AGAMI, BETH
4902 NW 119TH TERR.
CORAL SPRINGS, FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
KRASSNER, GOLDIE
3379 SW 50 STREET
FORT LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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04/02/05-80044-018 150.00

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.

SIGNATURE:

Goldie Krassner Goldie Krassner 3/30/05 954-966-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7557