2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P97000062813

Entity Name: A FITTING EXPERIENCE MASTECTOMY SHOPPE, INC.

Current Principal Place of Business:

1605 NORTH STATE ROAD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1605 NORTH STATE ROAD 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0765969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGAMI, BETH
7958 N.W. 66TH TERRACE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AGAMI, BETH R
Address: 7958 N.W. 66TH TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: S ( ) Delete
Name: COLE, GOLDIE
Address: 3379 SW 50 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH AGAMI PRES 02/03/2009

Electronic Signature of Signing Officer or Director Date