


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P98000026495 1. Entity Name SANDY'S MASTECTOMY BOUTIQUE, INC.	
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Principal Place of Business 1605 - A NORTH STATE RD. 7 (441) MARGATE, FL 33063	Mailing Address 1605 - A NORTH STATE RD. 7 (441) MARGATE, FL 33063
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03122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0660721

App
Not

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

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

SAVINO, FRANK
1605 - A NORTH STATE RD. 7 (441)
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, a the obligations of registered agent.

SIGNATURE _____ (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

U000000090502
03/17/04-80021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAVINO, FRANK 1605 - A NORTH STATE RD. 7 (441) MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SAVINO, SANDRA 1605 - A NORTH STATE RD. 7 (441) MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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 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 _____ Date **3-15-04** Daytime Phone # _____

FRANK SAVINO 954.972.1270