


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90031 006 ***150.00

DOCUMENT # P98000041202	
1. Entity Name PERSONAL BOTTOMS, INC.	

Principal Place of Business 800 E HILLDALE BLVD. SUITE 19 SAGE PLAZA HALLANDALE, FL 33009	Mailing Address 800 E HILLDALE BLVD. SUITE 19 SAGE PLAZA HALLANDALE, FL 33009
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44063090



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841789	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent Norma MUNYA LITSKY 800 E. HALLANDALE BLVD. APT. 608 HALLANDALE, FL 33009

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

**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALZONE, MIKE 800 THREE ISLAND BLVD. APT. 608 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITSKY, NORMA Norma 800 E. ISLAND BLVD. APT. 608 HALLANDALE, FL 33009
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**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)(f), 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: Norma Litsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04 954-458-3535
Date Daytime Phone #