

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024873

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: LEXINGTON HANDBAGS, INC.

## Current Principal Place of Business:

1210 STIRLING RD  
8A  
DANIA, FL 33004

## New Principal Place of Business:

6851 WEST SUNRISE BLVD.  
180  
PLANTATION, FL 33313

## Current Mailing Address:

1210 STIRLING RD  
8A  
DANIA, FL 33004

## New Mailing Address:

6851 WEST SUNRISE BLVD.  
180  
PLANTATION, FL 33313

FEI Number: 65-0903008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FHIMA, SHIMON  
1210 STIRLING ROAD,  
BAY 8A  
DANIA, FL 33004 US

## Name and Address of New Registered Agent:

FHIMA, SHIMON  
6851 WEST SUNRISE BLVD.  
180  
PLANTATION, FL 33313 US

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: SHIMON FHIMA

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COO ( ) Delete  
Name: FHIMA, SHIMON  
Address: 11581 TARA DRIVE  
City-St-Zip: PLANTATION, FL 33325

Title: ST ( ) Delete  
Name: FHIMA, ESTER  
Address: 11581 TARA DRIVE  
City-St-Zip: PLANTATION, FL 33325

Title: CEO ( ) Delete  
Name: KNIBERG, ALFRED A  
Address: 21716 HAMMOCK POINT DRIVE  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: SHIMON FHIMA

P

07/01/2004

Electronic Signature of Signing Officer or Director

Date