2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000034539 DOCUMENT

1. Entity Name

FASHION BUG #3287, INC.

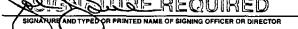


FILED Jul 25, 2003 8:00 am Secretary of State 07-25-2003 90209 001 18,700.00

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Principal Place of Business 448 N. UNIVERSITY DRIVE PEMBROKE PINES FL 33024			3750 S 7B13	Mailing Address 3750 STATE ROAD 7B13 BENSALEM PA 19020				55052336								
2. Principal F	Place of Busin	3. Maili	3. Mailing Address							IIII ODIII B		ulut eliki				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES									
City & Stat	e		City & State					4. FEI Number 52-2177822			2		Applied For Not Applicable			
Zip Country			Zip	Zip C			ntry 5. Certifica			Status (Desired			.75 Add Require		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent									
CORPORATION SERVICE COMPANY						Name										
1201 HAYS STREET TALLAHASSEE FL 32301-2525						Street Address (P.O. Box Number is Not Acceptable)										
IALLAHA	SSEE FL 32	301-2525														
						City						F	EL	Zip Cod	9	
	named entity ions of registe	submits this statement fored agent.	or the purpo	se of changing its	registere	ed office or re	egistere	ed agent	, or both, i	n the St	ate of Fi	lorida. I a	am fam	iliar with,	and accept	
SIGNATURE.	Signature, typed o	or printed name of registered agen	t and title if applic	cable. (NOTE	: Registere	d Agent signature	required v	when reinsta	ating)	****		DAT	rE	-		
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State									9. Election		paign Fi	•		\$5.0 Added	May Be to Fees	
10.		OFFICERS AND	DIRECTOR	S	11.			ADDIT	TIONS/CH	ANGES	TO OF	FICERS A	AND DI	RECTOR	S IN 11	
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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:



Date

Daytime Phone #