2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000067080



FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90361 019 ***150.00

1. Entity Name FASHION BUG #3332, INC.									01-25-2001	70501	015	150.00
Principal Place of Business M				Mailing Address								
4711 BABCOCK STREET NE PALM BAY, FL 32905				3750 STATE ROAD 7B13 BENSALEM, PA 19020			† 	1 2 4 114 1 6 111 8831 88111 487			1 20000 U (20)	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04222004	Chg-P	CR2E	034 (10/03	3)
City & State				City & State				4. FEI Numb 52-219	•			Applied For Not Applicable
Zip	Country			Zip Cour		try	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent								7. Name and	Address of New R	egistered	l Agent	
CORPORATION SERVICE COMPANY						Name Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET TALLAHASSEE, FL 32301-2525						dipor Addicas (1.0. Box Harrior in 110) And						
					City				F	L Zip Co	ode	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
				D DIRECTORS 11.			1	ADDITIONS,	CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 11
TITLE	VP			☐ Delete	TITLE						Change	Addition
NAME CYDEST ADDOSEDO	SULLIVAN, JOHN			NAM Stre								
CITY-ST-ZIP	TREET ADDRESS 450 WINKS LANE ITY-ST-ZIP BENSALEM, PA 19020						İ	,				
TITLE	P	, , , , , , , , , , , , , , , , , ,		☐ Delete	TITLE						Change	Addition
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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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR