


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000103534
1. Entity Name
PRACTICAL FASHIONS, INC.



Principal Place of Business
1319 W. BROADWAY
OVIDO, FL 32765

Mailing Address
1319 W. BROADWAY
OVIDO, FL 32765

DO NOT WRITE IN THIS SPACE



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3608269

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SALAMACHA, LESLIE
283 CELERY CIRCLE
OVIDO, FL 32765

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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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UN00000368400
05/26/05-80006-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, REBECCA 270 LANGFORD ST CHULUOTA, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCINTYRE, KACEY M 270 LANGFORD ST CHULUOTA, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAMACHA, LESLIE 283 CELERY CIRCLE OVIDO, FL 32765
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Leslie Salamacha* 5/23/05 407-359-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
02/07-865-657