


FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 009 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S26993					
1. Entity Name "MISS FANCY" PRODUCTS, CORP.					
Principal Place of Business 2151 N.W. 13TH AVENUE MIAMI, FL 33142 US			Mailing Address 17407 S.W. 36TH STREET MIRAMAR, FL 33029 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0348656	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent FRANKHOUSE, CARMEN R 14630 S.W. 37TH STREET MIRAMAR, FL 33027				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <u>Newbold, Arnold H.</u> Street Address (P.O. Box Number is Not Acceptable) <u>17407 SW 36th St.</u> City <u>Miramar</u> FL Zip Code <u>33029</u>				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: <u>Arnold H. Newbold</u> DATE: <u>1/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWBOLD, ARNOLD H 17407 S.W. 36TH ST MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP/S Newbold, Arnold H. 17407 SW 36th St. Miramar, FL 33029 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWBOLD, ANA 17407 S.W. 36TH ST MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Arnold H. Newbold</u>				Date: <u>1/19/04</u> Daytime Phone #: <u>305-325-9876</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

