
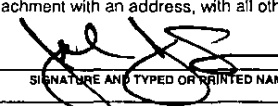


Closed/10-27-95

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S97419					
1. Entity Name FASHION BUG #2919, INC.					
Principal Place of Business 3750 STATE ROAD TAX COMPLIANCE BENSALEM, PA 19020			Mailing Address 3750 STATE ROAD TAX COMPLIANCE BENSALEM, PA 19020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, JOHN J		NAME		
STREET ADDRESS	450 WINKS LANE		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPECTER, ERIC		NAME		
STREET ADDRESS	450 WINKS LANE		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		CITY-ST-ZIP		
TITLE	VASD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLUECK, NEAL		NAME		
STREET ADDRESS	3750 STATE ROAD		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIEBERMAN, KATHLEEN		NAME		
STREET ADDRESS	450 WINKS LANE		STREET ADDRESS		
CITY-ST-ZIP	BENSALEM, PA 19020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			John Sullivan 4-25-05 (215) 633-4883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

05 MAY 10 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04012005 Chg-P CR2E034 (10/03)

4. FEI Number
52-1823895

Applied For
Not Applicable

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

Handwritten: \$517

Handwritten: 000054750740
05/19/05--01002--004 **150.00