2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005
Secretary of State

DOCUMENT# F04000000136

Entity Name: LALE FASHIONS, INC.

Current Principal Place of Business:

392 ROSEMONT LANE
BENTON, KY 42025

New Principal Place of Business:

Current Mailing Address:

392 ROSEMONT LANE
BENTON, KY 42025

New Mailing Address:

FEI Number: 32-0073555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POSADA, ALEJANDRO
2832 FILLMORE STREET #25
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

POSADA, ALEJANDRO
19001 NE 14TH AVE
325
MIAMI, FL 33179 US

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.

SIGNATURE: ALEJANDRO POSADA 06/08/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: POSADA, ALEJANDRO
Address: 2832 FILLMORE STREET #25
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: HOLT, JAKIE D
Address: 387 ROSEMONT LANE
City-St-Zip: BENTON, KY 42025

Title: DST ( ) Delete
Name: HOLT, MARIA
Address: 392 ROSEMONT LANE
City-St-Zip: BENTON, KY 42025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: POSADA, ALEJANDRO
Address: 19001 NE 14TH AVE, APT 325
City-St-Zip: MIAMI, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA HOLT DST 06/08/2005
Electronic Signature of Signing Officer or Director Date