


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90074 001 \*\*\*150.00

**DOCUMENT # P03000031264**

1. Entity Name  
**L & T FASHION, INC.**



Principal Place of Business: **4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33178**

Mailing Address: **4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33178**

2. Principal Place of Business: **10470 NW 31ST TERRACE**

3. Mailing Address: **10470 NW 31ST TERRACE**

Suite, Apt. #, etc.

City & State: **MIAMI, FL**

City & State: **MIAMI, FL**

Zip: **33172** Country: **USA**

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01262006 Chg-P CR2E034 (11/05)

4. FEI Number: **04-3747083** Applied For:  Not Applicable

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



6. Name and Address of Current Registered Agent

**TALIESON ADVISORY, CORP.**  
**9655 S. DIXIE HWY., STE 101**  
**PINECREST, FL 33156**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): **DEP**

City: \_\_\_\_\_ State: **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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD RAMAKRISHNA, CHITRA <input type="checkbox"/> Delete 4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMAKRISHNA, A V <input type="checkbox"/> Delete 4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARUNACHALAM, SHRINIVASAN <input checked="" type="checkbox"/> Delete 4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARUNACHALAM, SHRINIVASAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18C BLOCK 2, 55 GARDEN RD, MIDDLE LEVEL HONG KONG
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
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
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 exemptions contained in Chapter 119, 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:  **A.V. RAMAKRISHNA**

Date: **01-26-06** Daytime Phone #: **305-477-1454**