


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90052 043 ***150.00

DOCUMENT # P03000031264


1. Entity Name
L & T FASHION, INC.



Principal Place of Business 10470 NW 31ST TERR MIAMI, FL 33172	Mailing Address 10470 NW 31ST TERR MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01122007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3747083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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) _____
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	SD RAMAKRISHNA, A V <input checked="" type="checkbox"/> Delete 4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARUNACHALAM, SHRINIVASAN <input type="checkbox"/> Delete 18C BL2, 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D RAMAKRISHNA, A. V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4405 NORTHWEST 93RD DORAL COURT MIAMI, FL 33177
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"/> Change <input type="checkbox"/> Addition
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** **01-12-07** **305-477-1454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #