

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90059 036 ***158.75

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

40051189



2. Principal Place of Business - No P.O. Box #: 10470 NW 31ST Terr
 Suite, Apt. #, etc.
 3. Mailing Address: 10470 NW 31st Terr
 Suite, Apt. #, etc.

03202008 Chg-P CR2E034 (12/06)

City & State: MIAMI FL
 City & State: MIAMI FL

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

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

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): _____
 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: _____

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: PD NAME: RAMAKRISHNA, CHITRA STREET ADDRESS: 4405 NORTHWEST 93RD DORAL COURT CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: D NAME: RAMAKRISHNA, CHITRA STREET ADDRESS: 4405 NORTHWEST 93RD DORAL COURT CITY-ST-ZIP: MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: RAMAKRISHNA, A.V. STREET ADDRESS: 4405 NORTHWEST 93RD DORAL COURT CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: P/S/T/D NAME: RAMAKRISHNA, A.V. STREET ADDRESS: 4405 NORTHWEST 93RD DORAL COURT CITY-ST-ZIP: MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ARUNACHALAM, SHRINIVASAN STREET ADDRESS: 18C BL2, 55 GARDEN RD, MIDDLE LEVEL CITY-ST-ZIP: HONG KONG.	<input type="checkbox"/> Delete	TITLE: D NAME: ARUNACHALAM, SHRINIVASAN STREET ADDRESS: 18C BL2, 55 GARDEN RD, MIDDLE LEVEL CITY-ST-ZIP: HONG KONG.	<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
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: _____ Date: 3/20/08 Daytime Phone #: 305-477-1454