

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056640

Entity Name: INVOGUE ACCESSORIES INC

FILED  
Jan 27, 2006  
Secretary of State

**Current Principal Place of Business:**

10664 ACME RD  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10664 ACME RD  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: 20-0883952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEIHNER, BRUCE  
125 WORTH AVENUE  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: QURAESHI, SOHAIL  
Address: 10664 ACME RD  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VP ( ) Delete  
Name: QURAESHI, ANIQAH  
Address: 10664 ACME ROAD  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: A. QURAESHI

VP

01/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date