

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000139280

Entity Name: F.A. FASHION INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4000 PONCE DE LEON, SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

342 SAN LORENZO AVENUE
SUITE 1057
CORAL GABLES, FL 33146

Current Mailing Address:

4000 PONCE DE LEON, SUITE 470
CORAL GABLES, FL 33146

New Mailing Address:

342 SAN LORENZO AVENUE
SUITE 1057
CORAL GABLES, FL 33146

FEI Number: 26-0339428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARLENE
4000 PONCE DE LEON, SUITE 470
CORAL GABLES, FL 33146 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: D () Delete
Name: ALZETTA, FILIPPO
Address: 4000 PONCE DE LEON, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALZETTA, FILIPPO
Address: 342 SAN LORENZO AVENUE, SUITE 1057
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify 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: FILIPPO ALZETTA

D

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date