

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90388 041 ***150.00

DOCUMENT # V52068

1. Entity Name

FLORIDA FASHION FOCUS, INC.



Principal Place of Business

777 NW 72ND AVE., STE 3D19
MIAMI FL 33126-3024

Mailing Address

777 NW 72ND AVE., STE 3D19
MIAMI FL 33126-3024

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6071516**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANON, WALTER A-ESQ
7600 W. 20TH AVE.
SUITE 217
HIALEAH FL 33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **P** ☒ Delete
NAME **ARREDONDO, ED**
STREET ADDRESS **7220 NW 36TH STREET, STE 309**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **ST** ☒ Delete
NAME **GIESE, PAULETTE**
STREET ADDRESS **7220 NW 36TH STREET, STE 309**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **V** ☒ Delete
NAME **SACHS, MARK**
STREET ADDRESS **7220 NW 36TH STREET, STE 309**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **C** ☒ Delete
NAME **CARROLL, TOM**
STREET ADDRESS **7220 NW 36TH STREET, STE 309**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Sachs, Mark**
STREET ADDRESS **777 NW 72nd Ave., Ste 3D19**
CITY-ST-ZIP **MIAMI, FL 33126-3024**

TITLE **VD** ☐ Change ☒ Addition
NAME **Giese, Paulette**
STREET ADDRESS **777 NW 72nd Ave., Ste 3D19**
CITY-ST-ZIP **MIAMI, FL 33126-3024**

TITLE **STD** ☐ Change ☒ Addition
NAME **Carroll, Tom**
STREET ADDRESS **777 NW 72nd Ave., Ste 3D19**
CITY-ST-ZIP **MIAMI, FL 33126-3024**

TITLE **CD** ☐ Change ☒ Addition
NAME **Arredondo, Ed**
STREET ADDRESS **777 NW 72nd Ave., Ste 3D19**
CITY-ST-ZIP **MIAMI, FL 33126-3024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paulette Giese **Paulette Giese** 3/29/04

Date

Daytime Phone #

305-718-4320