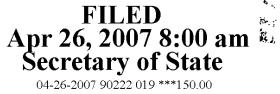
2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # 572860**



1. Entity Name FASHION FAZE, INC.						0,2020			
Principal Place 6868 W. ATL MARGATE, FL	ANTIC BLVD.	Mailing Address 6868 W. ATLANTIC BLV MARGATE, FL 33063	6868 W. ATLANTIC BLVD			8 41 00	88 11 818 11 818 13 818 13		(1884 IA 188)
2. Principal Place of Business - No P.O. Box # 6852 W. ATLANTIC BLVD. 6852 W. ATLA Suite, Apt. #, etc. Suite, Apt. #, etc.				ВЦИД	04122007	Chg-P	CR2E034		
City & State	GATÉ FL	City & State MARGATE	"Fi.		4. FEI Numb 59-183			No	plied For t Applicable
^{Zip} 33	Country U.S. 6. Name and Address of Currer	33 0 6 3	Country .			of Status Desired	- F	8.75 Add e Require	
G. Isane and Address of Current registered Again					7. Name and	Address of Nev	w negistered Ag	ent	
KATZ, ROSLYN 6852 W. ATLATNIC BLVD. MARGATE, FL 33063				Street Address (P.O. Box Number is Not Acceptable)					
							FL	Zip Code	e
8. The above the obligate	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age		registered office o	<u>-</u> .		th, in the State of		niliar with,	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai	gn Financing	\$5.	00 May Be				
10.		D DIRECTORS	11.		ADDITIONS	CHANGES TO C	OFFICERS AND D	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, ROSLYN 6852 W. ATLATNIC BLVD. MARGATE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KATZ, LEONARD 8924 NW 3RD SCT CORAL SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[□ Change	Addition
12. I hereby of indicated	certify that the information supplied w lon this report or supplemental report	ith this filing does not qualify fo	r the exemptions on signature shall l	contained have the	l in Chapter 11 same legal effe	9, Florida Statute ct as if made und	s. I further certify ler oath; that I am	that the in	nformation 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.