## **2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V52068

Entity Name: FLORIDA FASHION FOCUS, INC.

**Current Principal Place of Business:** 

1717 NW 79 AVE. DORAL, FL 33126

**Current Mailing Address:** 

1717 NW 79 AVE. DORAL, FL 33126

FEI Number: 59-6071516 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKINNER, DONNA R 1717 NW 79 AVENUE DORAL, FL 33126-1112 US

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

FILED Jan 15, 2018

**Secretary of State** 

CC9605776059

Officer/Director Detail:

Title PD Title VD

 Name
 CARROLL, TOM
 Name
 ZANDER, BARBARA

 Address
 1717 NW 79 AVENUE
 Address
 1717 NW 79 AVENUE

 City-State-Zip:
 MIAMI FL 33126-1112
 City-State-Zip: MIAMI FL 33126-1112

Title VD Title STD

Name FRANK, ALAN Name YINGER, JIM

 Address
 1717 NW 79 AVENUE
 Address
 1717 NW 79 AVENUE

 City-State-Zip:
 MIAMI FL 33126-1112
 City-State-Zip: MIAMI FL 33126-1112

Title DIRECTOR Title DIRECTOR

 Name
 BAILEY, GUY
 Name
 DESMOND, KATHY

 Address
 1717 NW 79 AVE.
 Address
 1717 NW 79 AVE.

 City-State-Zip:
 DORAL FL 33126
 City-State-Zip: DORAL FL 33126

City-State-Zip: DORAL FL 33126 City-State-Zip: DORAL FL 33126

TitleDIRECTORTitleDIRECTORNamePITOFSKY, RICHARDNameSTEIN, SAMAddress1717 NW 79 AVE.Address1717 NW 79 AVE.City-State-Zip:DORAL FL 33126City-State-Zip:DORAL FL 33126

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: TOM CARROLL PRESIDENT 01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameSTEIN, TOMNameTAYLOR, JANICEAddress1717 NW 79 AVE.Address1717 NW 79 AVE.City-State-Zip:DORAL FL 33126City-State-Zip:DORAL FL 33126

Title DIRECTOR Title DIRECTOR

NameTHOMAS, PAULNameWOOLF, ANTHONYAddress1717 NW 79 AVE.Address1717 NW 79 AVE.City-State-Zip:DORAL FL 33126City-State-Zip:DORAL FL 33126