


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90025 003 ***150.00

DOCUMENT # 455895	
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1. Entity Name ZAYAS FASHIONS, INC.	Principal Place of Business 484 WEST 29 STREET HIALEAH, FL 33012	Mailing Address 484 WEST 29 STREET HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 990 W. 49 St.	3. Mailing Address 990 W. 49 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

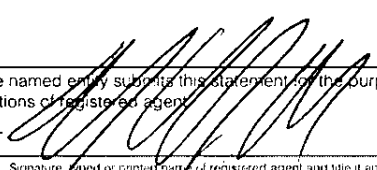
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33012	Zip 33012
Country	Country



01112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1551927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAYAS, DANIEL A 484 WEST 29 STREET HIALEAH, FL 33010	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 665 W. 33 STREET City Hialeah FL Zip Code 33012	

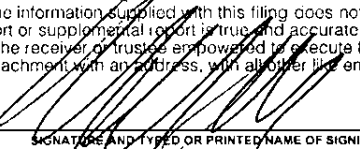
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZAYAS, CARLOS		NAME	
STREET ADDRESS 1475 WEST 82 STREET		STREET ADDRESS	
CITY-ST-ZIP HIALEAH, FL 33014		CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LLANOS, LILLIAN		NAME	
STREET ADDRESS 8756 NW 140 LANE		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33018		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**
DANIEL ZAYAS

Date: 1/14/08 Daytime Phone #: 305-819-5699