

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90390 029 ***150.00

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04212006 Chg-P CR2E034 (11/05)

DOCUMENT # 468182 1. Entity Name NORMA FASHIONS, INC.					
Principal Place of Business 2735 NW 21ST STREET MIAMI, FL 33142 US			Mailing Address 2735 NW 21ST STREET MIAMI, FL 33142 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 			
4. FEI Number 59-1575731		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 BRAFMAN, LUIS 2735 NW 21ST STREET MIAMI, FL 33142			7. Name and Address of New Registered Agent Name BARRY MEYERS Street Address (P.O. Box Number is Not Acceptable) 2735 N.W. 21 ST. City MIAMI FL Zip Code 33142		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Barry Meyers</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 4/28/06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BRAFMAN, LUIS 3181 N. 35 ST HOLLYWOOD, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAFMAN, GERALDINE 3181 N 35 ST HOLLYWOOD, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S MEYERS, OLGA 3553 N.E. 171 STREET NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S MEYERS, BARRY 3553 N.E. 171 STREET N. MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Barry Meyers</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/28/06 Daytime Phone #		