


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # G43974 1. Entity Name FASHION FAZE NORTH, INC. |  |
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|---|---|
| Principal Place of Business % ROSLYN KATZ 6852 W. ATLANTIC BLVD. MARGATE, FL 33063 | Mailing Address 6868 W ATLANTIC BLVD 6852 W. ATLANTIC BLVD. MARGATE, FL 33063 US |
|---|---|



02032005 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2305211 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

KATZ, ROSLYN
6852 W. ATLANTIC BLVD.
MARGATE, FL 33063

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IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KATZ, ROSLYN 6852 W. ATLANTIC BLVD MARGATE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KATZ, LEONARD 8924 NW 3RD CT CORAL SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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04/08/05-80010-021 150.00

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IN THIS SPACE**

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:  4/6/05 954-969-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #