

2006; **FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90083 011 \*\*\*150.00

**DOCUMENT # J30346**

1. Entity Name  
**FLORY FASHIONS, INC.**



Principal Place of Business  
**401 NE 2ND AVE.  
HALLANDALE, FL 33009-4215**

Mailing Address  
**401 NE 2ND AVE.  
HALLANDALE, FL 33009-4215**

**DO NOT WRITE IN THIS SPACE**



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2737455</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~KUPFERSTICH, JUDITH~~ **Levy Rosa**  
~~401 NE 2ND AVE.~~ **401 NE 2ND AVE**  
~~HALLANDALE, FL 33009-4215~~ **HALLANDALE FL**  
**33009-4215**

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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 Rosa Levy **Rosa Levy** **4 28 06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PSTD</b>
NAME	<b>KUPFERSTICH, JUDITH</b>
STREET ADDRESS	<b>401 NE 2ND AVE.</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>
TITLE	<b>PSTD</b>
NAME	<b>Levy Rosa</b>
STREET ADDRESS	<b>401 NE 2ND AVE</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Rosa Levy **Rosa Levy Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4 28 06** **954 4579800**  
Date Daytime Phone #