



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # J74312 1. Entity Name FASHION FRESH, INC.			
Principal Place of Business 2167 PINWOODS CIRCLE NAPLES, FL 34105		Mailing Address 2167 PINWOODS CIRCLE NAPLES, FL 34105	
DO NOT WRITE IN THIS SPACE			
		04092008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2807583 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIRGHIO, NICHOLAS A. 2167 PINWOODS CIRCLE NAPLES, FL 34105		DO NOT WRITE 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		<div style="text-align: right;">U000000894080 04/24/08-80013-021 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	SHIRGHIO, NICHOLAS A.		
STREET ADDRESS	2167 PINWOODS CIRCLE		
CITY- ST- ZIP	NAPLES, FL		
TITLE	VD		
NAME	SHIRGHIO, PAULA		
STREET ADDRESS	2167 PINWOODS CR		
CITY- ST- ZIP	NAPLES, FL 34105		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: <u>Paula Shirghio</u> <u>VP</u>		Date <u>4/08/08</u> Daytime Phone # <u>239-262-2520</u>	