FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L05000061490

1. Entity Name

Inversiones, Fashion, and Fancy,LLC.

DO NOT WRITE IN THIS SPACE

000003594538
01/25/06-80014-018 50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 NE 191 St	3300 NE 191 St
Suite, Apt. #, etc.: Unid 317	Suite, Apt. #, etc.: Unid 317
City & State: Aventura, Fl	City & State: Aventura, Fl
Zip: 33180 Country: Miami-Dade	Zip: 33180 Country: Miami-Dade

4. FEI Number 20-3055654 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Judith,Peralta

Street Address (P.O. Box Number is Not Acceptable): 3300 NE 191 St Unid 317

City: Miami, **FL** Zip Code: 33180

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: Gaviue Peralta 1/19/06

Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	Judith Peralta / MGRM 3300 NE 191 St Unid 317 Aventura, Fl 33180
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jacobo Levy / MGRM 3300 NE 191 St Unid 317 Aventura, Fl 33180
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gaviue Peralta 1/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)