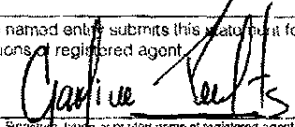
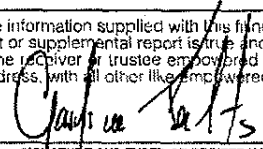


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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			
2. Principal Place of Business 3300 NE 191 St		3. Mailing Address 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	
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 		DATE 1/19/06	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacobo Levy / MGRM 3300 NE 191 St Unid 317 Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 exemption stated in Section 119.07(3)(f), 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: 		DATE 1/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)