

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L23289

1. Entity Name
FASHION FAZE WEST, INC.



Principal Place of Business
**7767 N.W. 44TH STREET
SUNRISE, FL 33351**

Mailing Address
**6868 W. ATLANTIC BLVD
MARGATE, FL 33063 US**



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0151739

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KATZ, LEONARD
8924 N.W. 3RD COURT
CORAL SPRINGS, FL 33071**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000097816
03/29/04-80016-011 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KATZ, ROSLYN 8924 N.W. 3RD COURT CORAL SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD KATZ, LEONARD 8924 N.W. 3RD COURT CORAL SPRINGS, FL |
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD KATZ 3/25/04 954 969-8181

Date

Daytime Phone #