2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002484

1. Entity Name

FORTUNE FASHIONS INDÚSTRIES LLC



Feb 05, 2004 8:00 am Secretary of State 02-05-2004 90077 023 ****50.00

FILED

Principal Place of Business

Mailing Address

4700 BOYLE AVENUE VERNON, CA 90058 4700 BOYLE AVENUE VERNON, CA 90058



	A 110- WDD- 1111120 0-14	01082004 No Chg-LLC CR2E083 (10/03)			
D	OO NOT WRITE IN THIS SPAC	**	lumber 4859366	Applied For Not Applicable	
		5. Certi	ficate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current Registered Agent		*	····	
	BY SMITH RD	DO NOT WRITE			
,	01, FL 33869 32832	IN THIS SPACE			
8. The above	named entity submits this statement for the purpose of changing its registere	office or registered agent,	or both, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE S	ions of registered agent.			1-21-04	
	Signature, typed or printed name of rigistered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstati	ing)	DATE	
	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	MGR				
STREET ADDRESS	KAYNE, FRED 4700 SO. BOYLE AVE			•	
CITY-ST-ZIP	VERNON, CA				
TITLE	MGR				
NAME	ROSENBLATT, LEE				
STREET ADDRESS CITY-ST-ZIP	4700 SO. BOYLE AVE				
	VERNON, CA		· · · · · · · · ·		
TITLE . NAME					
STREET ADDRESS		_	0 NOT W		
CITY-ST-ZIP		D	O NOT W	KILE	
TITLE		II	N THIS SP	ACE	
NAME		11	V IIIIO OF	ACL	
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	,				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not qualify for the exer on this report is true and pccyrate and that my signature shall have the same bility company or the regimer or trusteel empowered to execute this fapor, as	ption stated in Section 119.0 egal effect as if made under equired by Chapter 608, Flo	07(3)(i), Florida Statutes. I r oath; that I am a managi orida Statutes.	further certify that the information ng member or manager of the	
	Leekarublat	, 	1/19/2		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

/19/04 Date

Daytime Phone #