

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90106 003 \*\*\*150.00

<b>DOCUMENT # M17577</b> 1. Entity Name <b>NINO'S FINE CLOTHING, INC.</b>			
Principal Place of Business <b>2326 UNIVERSITY DR.</b> <b>CORAL SPRINGS, FL 33065 US</b>		Mailing Address <b>2326 UNIVERSITY DR.</b> <b>CORAL SPRINGS, FL 33065 US</b>	
2. Principal Place of Business - No P.O. Box # <b>10318 W. Sample Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>10318 W. Sample Rd</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs, FL</b> Zip <b>33065</b>		City & State <b>Coral Springs, FL</b> Zip <b>33065</b>	
4. FEI Number <b>59-2584436</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FURNO, ANTONIO</b> <b>6444 NORTH WEST 43RD STREET</b> <b>CORAL SPRINGS, FL 33067</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relieving)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FURNO, ANTONIO</b> <b>2326 UNIVERSITY DR.</b> <b>CORAL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10318 W. Sample Rd</b> <b>Coral Springs, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>FURNO, M. CRISTINA</b> <b>2326 UNIVERSITY DR.</b> <b>CORAL SPRINGS, FL 33065</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10318 W. Sample Rd</b> <b>Coral Springs, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>4-30-07</b> <small>Daytime Phone #</small>	