2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 08:00 AM Secretary of State

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ANNUAL REPURS					Secretary of State
DOCUMENT # M60955 t. Entity Name FLAMINGO FORMAL WEAR, INC.					Secretary of State
Principal Place of Business Mailing Address					
10526 S.W. BTH ST. MIAMI, FL 33174		10526 S.W. 8TH ST. MIAMI, FL 33174			
				· {	THE REPORT OF THE PROPERTY OF
2. Principal Place of Business		3. Mailing Address	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02272006 Chg-P CR2E034 (11/05)
City & State		City & State	City & State		4. FEI Number Applied For 65-0009531 Not Applied be
Zip	Country	Zip	Count	try	5. Certificate of Status Desired \$8.75 Additional
			1	<u> </u>	Fee Required
	6. Name and Address of Cur	tent Hegistered Agent		Name	7. Name and Address of New Registered Agent
MONDAC	A, NELSON H	•		, value	
10526 SW 8TH STREET MIAMI, FL 33174 Street Address (P.O. Box Number is Not Acceptable)					
				City	FL Zip Code
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					
me obligat	tions of registered agent.	11.11		1	
SIGNATURE Sprimus, typed or printed name of registered egent and trid if applicable (NOTE flegistered Apent signature required when renstating). DATE					
	Signature, typed or printed hame of registered	agent and this is applicable (NO)	E. Hedistered	d Apen signatura requ	puired when reinstating) OATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$5	9. Election Campa 50.00 Trust Fund Con			\$5.00 May Be Added to Fees
10.	OFFICERS (AND DIRECTORS	11,	. ;	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	TSD	☐ Delete	TITLE	: : {}	{\\n\n\n459973 □ Change □ Addition
NAME	MONDACA, NELSON H.		MAME	£ ' {{	UDB000459973 □ Change □ Addition 03/18/06-80054-015 150.00
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	MIAMI, FL 33174			-ST-ZIP	
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CITY-ST-ZIP			•	S1-27P	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Fforida 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 attactment with an address, with all other like empowered.					