




# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90181 041 \*\*\*\*61.25

<b>DOCUMENT # N26830</b> 1. Entity Name <b>THE FASHION GROUP FOUNDATION OF MIAMI, INC.</b>						
Principal Place of Business <b>IVONNE DE LA VEGA</b> <b>66 NW 22 AVE.</b> <b>MIAMI, FL 33125</b>			Mailing Address <b>C/O MARCIA SCHEFTS</b> <b>19228 NE 25 AVE #253</b> <b>MIAMI, FL 33180 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State		04102005    Chg-NP    CR2E037 (10/03)		
Zip		Country		4. FEI Number <b>65-0061764</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>CONSRUCK-MONTEIRO, PAMELA</b> <b>3101 PORT ROYAL BLVD.</b> <b>#415</b> <b>FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			SD SCHEFTS, MARCIA 19228 NE 25TH AVE, #253 MIAMI, FL 33180			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TD THORPE, FRAN HUTCHINGS 3910 BATTERSEA RD. MIAMI, FL 33133			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			PD CONSRUCK-MONTEIRA, PAMELA 3101 PORT ROYAL BLVD. #415 FORT LAUDERDALE, FL 33308			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.						
<b>SIGNATURE:</b> 						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: <b>4/26/05</b>						