

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90035 011 ***158.75

DOCUMENT # P00000023462

1. Entity Name
COMGLEN FASHIONS, INC.



Principal Place of Business
**11750 NW 7TH AVENUE
MIAMI, FL 33168**

Mailing Address
**11750 NW 7TH AVENUE
MIAMI, FL 33168**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0989288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTERBURY, COMPTON A
11750 NW 7TH AVENUE
MIAMI, FL 33168**

Name

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CANTERBURY, COMPTON
STREET ADDRESS 7531 EMBASSY BLVD.
CITY - ST - ZIP MIRAMAR, FL 33023

TITLE VD ☐ Delete
NAME CANTERBURY, GLENDA
STREET ADDRESS 7531 EMBASSY BLVD.
CITY - ST - ZIP MIRAMAR, FL 33023

TITLE STD ☐ Delete
NAME DAVIS, IAN
STREET ADDRESS 13192 N.W. 23RD STREET
CITY - ST - ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COMPTON CANTERBURY B

Date

Daytime Phone #

1/18/06