

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90030 027 ***150.00

| | | | |
|---|---------------------------------|---|--|
| 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 - No P.O. Box # 13237 NW 7 Ave | | 3. Mailing Address 13237 NW 7 Ave | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami FL | | City & State Miami FL | |
| Zip 33168 Country USA | | Zip 33168 Country USA | |
| 4. FEI Number 65-0989288 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CANTERBURY, COMPTON A 11750 NW 7TH AVENUE MIAMI, FL 33168 | | 7. Name and Address of New Registered Agent Name <u>CANTERBURY, Compton A</u> Street Address (P.O. Box Number is Not Acceptable) <u>13237 NW 7 Avenue</u> City <u>Miami</u> FL Zip Code <u>33168</u> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD NAME CANTERBURY, COMPTON STREET ADDRESS 7531 EMBASSY BLVD. CITY-ST-ZIP MIRAMAR, FL 33023 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME CANTERBURY, GLENDA STREET ADDRESS 7531 EMBASSY BLVD. CITY-ST-ZIP MIRAMAR, FL 33023 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE STD NAME DAVIS, IAN STREET ADDRESS 13192 N.W. 23RD STREET CITY-ST-ZIP PEMBROKE PINES, FL 33028 | <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 | |
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| 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: <u>Compton Canterbury</u> <u>3/29/07</u> | | _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
| _____ <small>Date</small> | | _____ <small>Daytime Phone #</small> | |