


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90094 015 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P00000081341 1. Entity Name SARYLU FASHIONS, INC. | |  | |
| Principal Place of Business 134 NE 2ND AVENUE MIAMI, FL 33132 | | Mailing Address 134 NE 2ND AVENUE MIAMI, FL 33132 | |
| 2. Principal Place of Business PO BOX 600507 Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 600507 Suite, Apt. #, etc. | |
| City & State NORTH MIAMI BEACH, FL | | City & State NORTH MIAMI BEACH, FL | |
| Zip 33160 | Country USA | Zip 33160 | Country USA |
| 4. FEI Number 65-1032822 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BARAK, ALEX T ESQ 4601 SHERIDAN STREET SUITE 206 HOLLYWOOD, FL 33021 | | 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;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PVTs ZEITUN, SARA 134 NE 2ND AVENUE MIAMI, FL 33122 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 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 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>SARA ZEITUN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>05-01-05</u> Daytime Phone #: <u>786-2903886</u> | |

50049986



05022005 Chg-P CR2E034 (10/03)