

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90049 029 \*\*\*150.00

**DOCUMENT # P0000082561**

**1. Entity Name**

**FASHION AND LEATHER, INC.**



**Principal Place of Business**

**777 NW 72ND AVENUE  
SHOWROOM 2E15  
MIAMI FL 33126**

**Mailing Address**

**777 NW 72ND AVENUE  
SHOWROOM 2E15  
MIAMI FL 33126**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

**4. FEI Number**

**65-1055001**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAYORAL, MARTHA L  
777 NW 72ND AVENUE  
SUITE 2F-11  
MIAMI FL 33126**

*new  
address →*

**7. Name and Address of New Registered Agent**

Name

**MARTHA MAYORAL**

Street Address (P.O. Box Number is Not Acceptable)

**7400 N.W. 7<sup>th</sup> st. ste #104**

City

**Miami**

FL

Zip Code

**33126**

**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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **MAYORAL, MARTHA L**  
**STREET ADDRESS** **777 NW 72ND AVENUE, STE 2F-11**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**TITLE** **VP** ☐ Delete  
**NAME** **MAYORAL, WILLIAM**  
**STREET ADDRESS** **777 NW 72ND AVENUE, STE 2F-11**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**TITLE** ☐ Delete  
**NAME** \_\_\_\_\_  
**STREET ADDRESS** \_\_\_\_\_  
**CITY-ST-ZIP** \_\_\_\_\_

**TITLE** ☐ Delete  
**NAME** \_\_\_\_\_  
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**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** \_\_\_\_\_  
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**CITY-ST-ZIP** \_\_\_\_\_

**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 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 another I am empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/18/04 (305) 260-7002**