

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0458201 AY/

<b>DOCUMENT #</b> 1. Entity Name <b>TAMPA FASHION, INC.</b>		<b>P01000062056</b>		<b>Secretary of State</b> 05-02-2003 90729 043 ***150.00	
Principal Place of Business <b>2257 E. HILLSBOROUGH AVE. TAMPA FL 33610</b>		Mailing Address <b>2257 E. HILLSBOROUGH AVE. TAMPA FL 33610</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>113 S. Mac Dill Ave</b>  Suite, Apt. #, etc. <b># B</b>			
City & State		City & State <b>Tampa FL</b>		4. FEI Number <b>00-0069421</b> <div style="float: right;"> <input type="checkbox"/> CHECK HERE IF MAKING CHANGES         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIM, IN TAE</b> <b>2257 E. HILLSBOROUGH AVE.</b> <b>TAMPA FL 33610</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, IN TAE		NAME		
STREET ADDRESS	2257 E. HILLSBOROUGH AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
<b>SIGNATURE:</b> <u>SANITAE/KIM</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					