


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000072986	
1. Entity Name N.Y. MEN'S FASHION, INC.	

Principal Place of Business NY MEN'S FASHION 6123 SILVER STAR RD ORLANDO, FL 32808	Mailing Address 1023 VALENCIA TOWN TR. 303 ORLANDO, FL 32825
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3733154	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAJEEB, BALSAM 1023 VALENCIA TOWN TR. 303 ORLANDO, FL 32825

DO NOT WRITE IN THIS SPACE

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 re-instating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAJEEB, BALSAM 1023 VALENCIA TOWN TR. #303 ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABU-KHDAIR, YESSARA 1023 VALENCIA TOWN TR. #303 ORLANDO, FL 32825
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<p>UD00000321832 04/21/05-80093-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

11/25/05 107-293-6868
Date Daytime Phone #