

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 038 ***150.00

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



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3733154 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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

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, 2006 Fee will be \$550.00

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NAJEEB, BALSAM 1023 VALENCIA TOWN TR. #303 ORLANDO, FL 32825 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ABU-KHDAIR, YESSARA 1023 VALENCIA TOWN TR. #303 ORLANDO, FL 32825 |
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #