

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093695

FILED  
May 02, 2005  
Secretary of State

Entity Name: DEBRA FASHION IMPORT CORP.

**Current Principal Place of Business:**

2900 NE 30TH STREET  
5G  
FORT LAUDERDALE, FL 33306

**New Principal Place of Business:**

127 ANTIQUERA AVE  
STE 10  
CORAL GABLE, FL 33134

**Current Mailing Address:**

2900 NE 30TH STREET  
5G  
FORT LAUDERDALE, FL 33306

**New Mailing Address:**

127 ANTIQUERA AVE  
STE 10  
CORAL GABLE, FL 33134

FEI Number: 65-1142408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAX HOUSE CORPORATION  
533 EAST SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

TAX HOUSE CORPORATION  
1261 E SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: TAX HOUSE CORPORATION

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COIMBRA, MADALENA D  
Address: 2900 NE 30T STREET #5G  
City-St-Zip: FORT LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: COIMBRA, MADALENA D  
Address: 127 ANTIQUERA AVE STE 10  
City-St-Zip: CORAL GABLE, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADALENA D COIMBRA

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date