

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91457 015 ***150.00

DOCUMENT# P01000093695

1. Entity Name

DEBRA FASHION IMPORT CORP.

90128086

Principal Place of Business 1022 71 ST MIAMI BEACH, FL 33141	Mailing Address 1022 71 ST MIAMI BEACH, FL 33141
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2. Principal Place of Business 2900 NE 30TH STREET Suite Apt. #, etc. 5G	3. Mailing Address 2900 NE 30TH STREET Suite. Apt. #, etc. 5G
City & State FORT LAUDERDALE	City & State FORT LAUDERDALE
Zip 33306 Country USA	Zip 33306 Country USA

4. FEI Number 65-1142408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COIMBRA, MADALENA D
7090 BONITA DRIVE APT #202
MIAMI BEACH, FL 33141

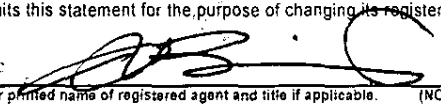
7. Name and Address of New Registered Agent

Name
TAX HOUSE CORPORATION

Street Address (P O. Box Number is Not Acceptable)
533 EAST SAMPLE ROAD

City
POMPANO BEACH FL Zip Code
33064

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.

SIGNATURE:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW! FEE IS \$150.00
After MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COIMBRA, MADALENA D		NAME COIMBRA, MADALENA D	
STREET ADDRESS 7090 BONITA DRIVE APT #202		STREET ADDRESS 2900 NE 30TH STREET #5G	
CITY-ST-ZIP MIAMI BEACH, FL 33141		CITY-ST-ZIP FORT LAUDERDALE, FL 33306	
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
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
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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04/10/03** (954) 263-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #