

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P01000097306

1. Entity Name
ELISSET FASHION CORP.



Principal Place of Business

551 SW 51 AVE
MIAMI, FL 33134

Mailing Address

551 SW 51 AVE
MIAMI, FL 33134



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1143102 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VELAZQUEZ, RICARDO
551 SW 51 AVE
MIAMI, FL 33134

**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**

UN00000477426
04/06/06-90050-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VELAZQUEZ, RICARDO
STREET ADDRESS 551 SW 51 AVE
CITY-ST-ZIP MIAMI, FL 33134

TITLE STD
NAME GOMEZ, GLORIA I
STREET ADDRESS 551 SW 51 AVE
CITY-ST-ZIP MIAMI, FL 33134

TITLE VD
NAME ARENCIBIA, MERCEDES
STREET ADDRESS 211 SW 48TH CT
CITY-ST-ZIP CORAL GABLES, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 #