2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000109246

1. Entity Name
NINA'S INTIMATE APPAREL, CORP.

Principal Place of Business	Mailing Address
777 NW 72ND AVENUE STE 3 F 12 MIAMI, FL 33126	777 NW 72ND AVENUE STE 3 F 12 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1154853

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, MARIA E
777 NW 72ND AVENUE
STE 3 F12
MIAMI, FL 33126

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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: x _____ 3/15/06
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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, MARIA E
STREET ADDRESS	777 NW 72ND AVENUE STE 2 PLAZA 6
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	DIAZ, FRANK
STREET ADDRESS	777 NW 72ND AVENUE STE 2 PLAZA 6
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	STD
NAME	DIAZ, NINA
STREET ADDRESS	777 NW 72ND AVENUE STE 2 PLAZA 6
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80074-019 150.00

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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: x _____ 3/15/06 (305) 261-7192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #