## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P01000112585 1. Entity Name 03-08-2006 90172 005 \*\*\*150.00 FASHION INTERNATIONAL, INC. Principal Place of Business Mailing Address 3575 WEBBER ST. 1113 65TH ST NW SARASOTA FL 34239 **BRADENTON FL 34208** Mailing Address 2. Principal Place of Business 3 65 ST Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For BRADENTON 01-0648618 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASWELL, CHRIS Street Address (P.O. Box Number is Not Acceptable) 2364 FRUITVILLE ROAD SARASTOA FL 34237 City Zip Code 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition ☐ Delete TITLE ☐ Change NAME DECKERT, SARKA NAME 1113 65TH ST NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT) F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Change

☐ Addition