2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2007 8:00 am **Secretary of State** DOCUMENT # P01000112585 03-28-2007 90013 031 ***150.00 FASHION INTERNATIONAL, INC. Principal Place of Business Mailing Address 3575 WEBBER ST. 1113 65TH ST NW SARASOTA, FL 34239 **BRADENTON, FL 34208** Principal Place of Business - No P.O. Box # 75 WEBBER 03252007 CR2E034 (12/06) ADENTON, FL Cha-P 4. FEI Number Applied For USA 01-0648618 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. 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 FL 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. Lam 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 renstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Delete TITLE ☐ Change ■ Addition NAME DECKERT, SARKA NAME 1113 65TH ST NW STREET ADDRESS STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Detete ☐ Change TITLE ■ Addition DECKERT SARKA 2009 91 ST NW STREET ADDRESS STREET ADDRESS 34209 BRADENTON, FL CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 filling 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

FILED

SIGNATURE: