

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90121 040 ***150.00

DOCUMENT # P02000008321 1. Entity Name C.B.S. FASHION, CORP.																													
Principal Place of Business 2648 NW 21 TERRACE MIAMI, FL 33142			Mailing Address 2648 NW 21 TERRACE MIAMI, FL 33142																										
2. Principal Place of Business 8488 SW - 24TH ST		3. Mailing Address 8488 SW - 24TH ST																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																											
City & State MIAMI- FL		City & State MIAMI- FL		4. FEI Number 03-0383874																									
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GARCIA, CARLOS M 2648 NW 21ST. TERRACE MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8488 SW - 24TH ST City MIAMI FL Zip Code 33155																										
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: <u><i>Carlos Garcia</i></u> 4-29-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, CARLOS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2648 NW 21 TERRACE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33142</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	GARCIA, CARLOS M		STREET ADDRESS	2648 NW 21 TERRACE		CITY- ST- ZIP	MIAMI, FL 33142		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">8488 SW - 24TH ST</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI- FL 33155</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	8488 SW - 24 TH ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI- FL 33155		STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Carlos Garcia</i></u> 4-29-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													