

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90059 018 \*\*\*150.00

<b>DOCUMENT # P02000065940</b> 1. Entity Name <b>SUPER FASHIONS XXXI, INC.</b>					
Principal Place of Business <b>1736 N.W. 20TH STREET MIAMI, FL 33142</b>			Mailing Address <b>1736 N.W. 20TH STREET MIAMI, FL 33142</b>		
2. Principal Place of Business <b>6448 NW 186TH ST</b>		3. Mailing Address <b>6448 NW 186TH ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>HIALEAH FL</b>		City & State <b>HIALEAH FL</b>		4. FEI Number <b>02-0645180</b>	
Zip <b>33015</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33015</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MERLO, RAMIRO 1736 N.W. 20TH STREET MIAMI, FL 33142</b>			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) <b>6448 NW 186TH ST</b> City <b>HIALEAH FL</b> Zip Code <b>33015</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERLO, RAMIRO 1736 N.W. 20TH STREET MIAMI, FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6448 NW 186TH ST HIALEAH FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 another like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>8/17/05</b> <small>Date</small>		

0006083



03282005 Chg-P CR2E034 (10/03)



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

ATTACHMENT

06026083

April 4, 2005

**SUPER FASHIONS XXXI, INC.**  
6448 NW 186TH ST  
HIALEAH, FL 33015

Subject: **SUPER FASHIONS XXXI, INC.**

Reference Number: **P02000065940**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/pw

ANNUAL REPORTS SECTION