


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90077 005 \*\*\*150.00  
P02000089486

FILED

05 JUL -7 AM 10: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000089486</b>					
1. Entity Name <b>INTERNATIONAL ROYAL FASHIONS INC.</b>					
Principal Place of Business <b>18805 N.W. 42ND PLACE MIAMI, FL 33055</b>			Mailing Address <b>18805 N.W. 42ND PLACE MIAMI, FL 33055</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Zip		Country	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>ENILA ADEGBAMI, ANNE 18805 N.W. 42ND PLACE MIAMI, FL 33055</b>			Name _____		
			Street Address (P.O. Box Number Is Not Acceptable) _____		
			City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENIOLA ADEGBAMI, ANNE 18805 N.W. 42ND PLACE MIAMI, FL 33055	<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
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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 all other like empowered.					
SIGNATURE: <u>Anne o. Adegberi</u>				Date: <u>06-17-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>(305) 625-5760</u>	



05122005 Chg-P CR2E034 (10/03)

Dear Ms Sutphin. ATTACHMENT

Please look into this case.

I did according to letter # 905A00037517  
I mailed my check with a completed annual  
report, and your office received it on  
06-21-05. which is not later than 06-24-05  
in accordance to your letter. Then I received  
another letter Ref. # 702000089486 stating  
that I have a balance of \$400.00.  
Please look in to this matter and  
I will greatly appreciate it if it is  
corrected. Note the check for \$150 is retained.  
by your office.

Thanks.

Anne e. Adogbeni