2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

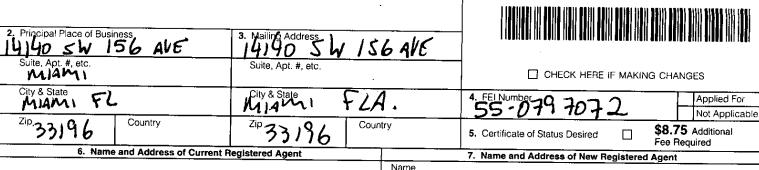
P02000100543 **DOCUMENT #**



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90078 016 ***150.00

| Entity Name ENTENNIAL FASHION CORP. | 00.000 10 | |
|---|--|--|
| trincipal Place of Business 2 NW 27 AVE STE 307A IIAMI FL 33125 | Mailing Address 42 NW 27 AVE STE 307A MIAMI FL 33125 | |
| | | |



KALKAS, MARTTI Street Address (P.O. Box Number is Not Acceptable) 245 SE 1 ST STE 311 MIAMI FL 33131

| 2. The above are still the best of the still t | City | FL | Zip Code |
|--|--|----------------------------|-------------------------|
| The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. | ered office or registered agent, or both, in the s | State of Florida. I am fan | niliar with, and accept |

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation)

| | | | | | ·····a/ | E | |
|--|---|----------|---------------------------------------|-------|--|-------------------|--------------------------|
| Afte | FILE NOW!!! FEE 1S \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of State | | • | | Election Campaign Financing Trust Fund Contribution. | \$5. □ Add | .00 May Be ed to Fees |
| 10. | OFFICERS AND DIRECTO | DRS | 11. | ADDIT | IONS/CHANGES TO OFFICERS A | ND DIRECTO | BS IN 11 |
| NAME STREET ADDRESS CITY-ST-ZIP | D DUCAT, LEOPOLDO Z 42 NW 27 AVE STE 307A MIAMI FL 33125 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUENOS, ALEJANDRO 42 NW 27 AVE STE 307A MIAMI FL 33125 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUENOS, RAMON G 42 NW 27 AVE STE 307A MIAMI FL 33125 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADORESS | | ☐ Delete | TITLE NAME | | | ☐ Change | 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 fue 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP