

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90288 032 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                                        |  |
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| DOCUMENT # P02000104282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                                                     |                                                                      |                                                                                                       |  |
| 1. Entity Name<br><b>ASTORIA COUTURE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>837 LINCOLN ROAD<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                     | Mailing Address<br><b>837 LINCOLN ROAD<br/>MIAMI BEACH, FL 33139</b> |                                                                                                                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | 3. Mailing Address                                                                                                  |                                                                      |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Suite, Apt. #, etc.                                                                                                 |                                                                      |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | City & State                                                                                                        |                                                                      | 4. FEI Number<br><b>11-3655439</b>                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Country                                                                                                             |                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                     |                                                                      | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>MOYAL, PATRICK R<br/>         208 N UNIVERSITY DRIVE<br/>         PEMBROKE PINES, FL 33024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                     |                                                                      | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent Signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                               | NAME                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                           |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>AMAR, MICHAEL</b>              | NAME                                                                                                                | <b>Amar Michael</b>                                                  |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3130 NE 190TH ST #103</b>      | STREET ADDRESS                                                                                                      | <b>19425 39 Ave</b>                                                  |                                                                                                                                                                                        |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AVENTURA, FL 33180</b>         | CITY, ST, ZIP                                                                                                       | <b>Golden Beach, FL 33160</b>                                        |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                               |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>AMUJAL, JOSEPH S</b>           | NAME                                                                                                                |                                                                      |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3130 NE 190TH ST #103</b>      | STREET ADDRESS                                                                                                      |                                                                      |                                                                                                                                                                                        |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AVENTURA, FL 33180</b>         | CITY, ST, ZIP                                                                                                       |                                                                      |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                               |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>AMUJAL, LUSIAN</b>             | NAME                                                                                                                |                                                                      |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>20870 NE 32 AVENUE</b>         | STREET ADDRESS                                                                                                      |                                                                      |                                                                                                                                                                                        |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AVENTURA, FL 33180</b>         | CITY, ST, ZIP                                                                                                       |                                                                      |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <input type="checkbox"/> Delete | TITLE                                                                                                               |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>AMUJAL, SHAI</b>               | NAME                                                                                                                |                                                                      |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>20870 NE 32 AVENUE</b>         | STREET ADDRESS                                                                                                      |                                                                      |                                                                                                                                                                                        |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>AVENTURA, FL 33180</b>         | CITY, ST, ZIP                                                                                                       |                                                                      |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                               |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                                |                                                                      |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                      |                                                                      |                                                                                                                                                                                        |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | CITY, ST, ZIP                                                                                                       |                                                                      |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete   | TITLE                                                                                                               |                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | NAME                                                                                                                |                                                                      |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | STREET ADDRESS                                                                                                      |                                                                      |                                                                                                                                                                                        |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   | CITY, ST, ZIP                                                                                                       |                                                                      |                                                                                                                                                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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. |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                                        |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                     |                                                                      |                                                                                                                                                                                        |  |

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04262005 Chg-P CR2E034 (10/03)