

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90017 026 \*\*\*150.00

DOCUMENT # P02000104282



1. Entity Name  
 ASTORIA COUTURE, INC.

Principal Place of Business  
 837 LINCOLN ROAD  
 MIAMI BEACH, FL 33139

Mailing Address  
 837 LINCOLN ROAD  
 MIAMI BEACH, FL 33139

60043325



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 300 Arthur Godfrey Blvd.

05162008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 Suite 202

City & State

City & State  
 Miami Beach, FL

4. FEI Number  
 11-3655439

Applied For  
 Not Applicable

Zip

Country

Zip  
 33140

Country

Dade.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MOYAL, PATRICK R  
 208 N UNIVERSITY DRIVE  
 PEMBROKE PINES, FL 33024~~

7. Name and Address of New Registered Agent

Name  
 MICHAEL AMAR

Street Address (P.O. Box Number, if Applicable)  
 300 W. 41st St

City  
 Miami Beach

FL Zip Code  
 33140

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

*(Signature)*

(NOTE: Registered Agent signature required when registering)

DATE

5/16/08

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMAR, MICHAEL	NAME	
STREET ADDRESS	19425 39 AVE	STREET ADDRESS	
CITY- ST- ZIP	NORTH MIAMI BEACH, FL 33160	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUJAL, YOSEF S	NAME	
STREET ADDRESS	2831 NE 185TH ST. #605	STREET ADDRESS	
CITY- ST- ZIP	AVENTURA, FL 33180	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUJAL, DANIEL	NAME	
STREET ADDRESS	20870 NE 32 AVENUE	STREET ADDRESS	
CITY- ST- ZIP	AVENTURA, FL 33180	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	
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 exemptions contained in Chapter 119, 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: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/08

Date

Day(s) Hours: #