2005 FOR PROFIT CORPORATION ** ANNUAL REPORT

SIGNATURE:

Mar 14, 2005 8:00 am Secretary of State DOCUMENT # P02000110315 03-14-2005 90119 022 ***150.00 FASHION AND PASSION, INC. Principal Place of Business Mailing Address 50026469 400 S GRANVIEW APT C-400 S GRANVIEW APT C DAYTONA BCH, FL 32118 DAYTONA BCH, FL 32118 02282005 CR2E034 (10/03) City & State 4 FEI Number Applied For 48-1279144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAHMANI, AVI Street Address (P.O. Box Number is Not Acceptable) 400 S GRÁNVIEW APT C DAYTONA BCH, FL 32118 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 Fiorida. I am familiar with, and accept the obligations of registered agent. hmahi (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPTS TITLE ☐ Delete TITLE ☐ Addition NAHMANI, AVI NAME NAME 400 S GRANVIEW APT C STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP DAYTONA BCH, FL 32118 CITY-ST-ZIP TITLE ☐ Defete ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST: ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

Daytime Phone #