

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90122 002 \*\*\*150.00

**DOCUMENT # P03000016902**

1. Entity Name  
**BUY FOR LESS FASHIONS, INC.**



Principal Place of Business  
**2930 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33313**

Mailing Address  
**2930 N. STATE ROAD 7  
LAUDERDALE LAKES, FL 33313**

**DO NOT WRITE IN THIS SPACE**



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**57-1154442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARK, RAHAMIN  
7963 LOVE LANE  
BOCA RATON, FL 33433**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MARK, RAHAMIN  
7963 LOVE LANE  
BOCA RATON, FL 33433**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-07 954-309-3883**

Date

Daytime Phone #

ATTACHMENT

40125099  
# P03000016902

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2007.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2007 FOR THE YEAR 2007. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

Mark Rahamin  
R. MARK