

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000054635

Entity Name: BAD GIRLZ FASHION, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

19577 NW 2ND AVE
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

1835 EAST HALLANDALE BEACH BLVD.
435
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 90-0087207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLIVIERRE, CHARLES PRES.
19577 NW 2ND AVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: OLLIVIERRE, YOLANDA
Address: 19577 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: PD () Delete
Name: OLLIVIERRE, CHARLES
Address: 19577 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: VPD () Delete
Name: FOSTER, WILLIAM
Address: 19577 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES OLLIVIERRE

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date