

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056579

FILED
Mar 03, 2004
Secretary of State

Entity Name: FLORIFASHION INDUSTRIES, INC.

Current Principal Place of Business:

PO BOX 971991
MIAMI, FL 331971991

New Principal Place of Business:

2900 W SAMPLE RD
#0129
POMPANO BEACH, FL 33073

Current Mailing Address:

PO BOX 971991
MIAMI, FL 331971991

New Mailing Address:

2900 W SAMPLE RD
#0129
POMPANO BEACH, FL 33073

FEI Number: 61-1450427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, SHARON G
11689 4TH AVE OCEAN
MARATHON, FL 33050

Name and Address of New Registered Agent:

SILVA, SHARON G
16271 AVOCADO WAY
DELRAY BEACH, FL 33484

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:

03/03/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, ARNO
Address: 11689 4TH AVE OCEAN
City-St-Zip: MARATHON, FL 33050

Title: VD () Delete
Name: SILVA, SHARON G
Address: 11689 4TH AVE OCEAN
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, ARNO
Address: 16271 AVOCADO WAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: VD (X) Change () Addition
Name: SILVA, SHARON G
Address: 16271 AVOCADO WAY
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON G SILVA

VD

03/03/2004

Electronic Signature of Signing Officer or Director

Date