2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90007 006 ***150.00

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1. Entity Name
T&T FASHIONS, INC.

Principal Place of Business	Mailing Address
3485 DOMESTIC AVE. #50 NAPLES, FL 34102 US	5180 16TH PLACE SOUTHWEST APT 1 NAPLES, FL 34116 US

03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number
260 24th AVE NW Suite, Apt. #, etc.	260 24th AVE NW Suite, Apt. #, etc.	20-0611740 ☐ Applied For ☐ Not Applicable
City & State: NAPLES, FL Zip: 34120 Country: US	City & State: NAPLES, FL Zip: 34120 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, SHATONKA 3485 DOMESTIC AVE AB50 NAPLES, FL 34104	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Shatonka Smith VP 3/19/04
Signature, typed or printed name of registered agent and title, if applicable — (Title, if registered agent is an entity) — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT DERRON SMITH 260 24th AVE NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VICE PRESIDENT SHATONKA SMITH 260 24th AVE NW NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Shatonka Smith 3/19/04 239-352 8119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #