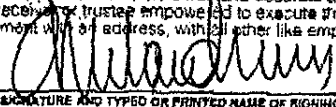


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000113417			
1. Entity Name ITALIAN FASHIONS, INC.			
Principal Place of Business 7909 HORSE FERRY ROAD ORLANDO, FL 32835		Mailing Address 7909 HORSE FERRY ROAD ORLANDO, FL 32835	
DO NOT WRITE IN THIS SPACE			
		04252008 No Chg-P CR2E034 (01/05)	
		4. FEI Number 13-4267825 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$825 Additional Fee required	
6. Name and Address of Current Registered Agent VELARDI, ANTONIO 7909 HORSE FERRY ROAD ORLANDO, FL 32835		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 fee (if applicable) (NOTE: Registered Agent signature required when registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000557968 05/17/06-80072-02 150.00	
TITLE	PSD	DO NOT WRITE IN THIS SPACE	
NAME	VELARDI, ANTONIO		
STREET ADDRESS	7909 HORSE FERRY ROAD		
CITY- ST- ZIP	ORLANDO, FL 32835		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		4/26/06 407-211-6871	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Antonio R. Velardi		Date Daytime Phone	