

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017571

FILED
May 17, 2006
Secretary of State

Entity Name: FASHION SURPLUS IMPORTERS, INC.

Current Principal Place of Business:

3309 SW 13TH AVENUE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

3309 SW 13TH AVENUE
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 20-0741179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CALVO, KATHRYN
3309 SW 13TH AVENUE
FORT LAUDERDALE, FL 33315 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEL CALVO, KATHRYN
Address: 3309 SW 13TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: DEL CALVO, LEO JR.
Address: 3309 SW 13TH AVENUE
City-St-Zip: FORT LUADERDALE, FL 33315

Title: D () Delete
Name: DEL CALVO, KRISTIN
Address: 3309 SW 13TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D () Delete
Name: DEL CALVO, JASON
Address: 3309 SW 13TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: DIR () Change (X) Addition
Name: DEL CALVO, LEO
Address: 3309 SW 13TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN DEL CALVO

DIR

05/17/2006

Electronic Signature of Signing Officer or Director

Date