


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000037389 1. Entity Name GODDESS FASHIONS, INC.	
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Principal Place of Business 7491 W OAKLAND PARK BLVD STE 301 LAUDERHILL, FL 33319	Mailing Address 7491 W OAKLAND PARK BLVD STE 301 LAUDERHILL, FL 33319
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CRAMMER, EDWIN L 7491 W OAKLAND PARK BLVD STE 301 LAUDERHILL, FL 33319
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04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1098724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D AYALON, RAN 2661 REGALIA WAY COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D NIGRI, ALBERT 126 BEACH 135 ST BELLE HARBOR, NY 11694
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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05/15/06-80017-016 150.00

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IN THIS SPACE**

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:  **RAN AYALON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-06** Daytime Phone # **954-423-2850**