

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000037389

1. Entity Name
GODDESS FASHIONS, INC.



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**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1098724

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAMMER, EDWIN L
7491 W OAKLAND PARK BLVD STE 301
LAUDERHILL, FL 33319**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

000000758154
05/23/07-80101-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AYALON, RAN
STREET ADDRESS	2681 REGALIA WAY
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	NIGRI, ALBERT
STREET ADDRESS	126 BEACH 135 ST
CITY-ST-ZIP	BELLE HARBOR, NY 11694
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07 954423-2450
Date Daytime Phone #