

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041214

Entity Name: A FORMAL AFFAIR, INC.

FILED
Mar 25, 2005
Secretary of State

Current Principal Place of Business:

1000 N.E. 204TH TERRACE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

1000 N.E. 204TH TERRACE
MIAMI, FL 33179

New Mailing Address:

FEI Number: 87-0721397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TZFADYA, ITZHAK
1000 N.E. 204TH TERRACE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

TZFADYA, ITZHAK
1000 N.E. 204TH TERRACE
MIAMI, FL 33179 US

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: ITZHAK TZFADYA

03/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: TZFADYA, ITZHAK
Address: 1000 N.E. 204TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: T/S () Delete
Name: TZFADYA, ITZHAK
Address: 1000 N.E. 204TH TERRACE
City-St-Zip: MIAMI, FL 33179

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: TZFADYA, ITZHAK
Address: 1000 N.E. 204TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: PRES () Change (X) Addition
Name: WALTERS, AARON
Address: 360 S E 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AARON WALTERS

PRES

03/25/2005

Electronic Signature of Signing Officer or Director

Date