

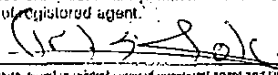
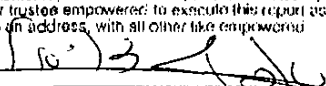
06-21-'06 11:40 FROM-

9547531123

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 004 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000042319			
1. Entity Name FASHION FOR ALL, INC.			
Principal Place of Business 517 W. 49 ST. MIAMI, FL 33012		Mailing Address 517 W. 49 ST. MIAMI, FL 33012	
2. Principal Place of Business		3. Mailing Address 565 N.W. 24th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33127	U.S.	33127	U.S.
4. FBI Number 20-0834790		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURENSTEIN, PINCHAS 6450 COLLINS AVE MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name: Asaf Danieli Street Address (P.O. Box Number is Not Acceptable) 565 N.W. 24th Street City: Miami FL Zip Code: 33127	
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 obligation of registered agent.			
SIGNATURE: 		6/21/06	
Signature, typed or printed name of registered agent and date if applicable.		(Print) - Registered Agent signature required when recording.	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P ☒ Delete NAME: BURENSTEIN, PINCHAS STREET ADDRESS: 6450 COLLINS AVE CITY-ST-ZIP: MIAMI BEACH, FL 33141	TITLE: President ☐ Change ☒ Addition NAME: Asaf Danieli STREET ADDRESS: 565 N.W. 24th Street CITY-ST-ZIP: MIAMI, FL 33127		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: Vice President ☐ Change ☒ Addition NAME: Yehuda Cohen STREET ADDRESS: 565 N.W. 24th Street CITY-ST-ZIP: MIAMI, FL 33127		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition 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: 		6/21/06 (305) 576-9331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Officer/President	

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