## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000043865

Entity Name: DIVERSE FASHIONS INC

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3550 S WASHINGTON AVE STE 2 3 TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

 3550 S WASHINGTON AVE
 3550 S WASHINGTON AVE

 STE 23
 STE 2 3

 TITUSVILLE, FL 32780
 TITUSVILLE, FL 32780

FEI Number: 20-0832179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KADUR, NIDAL
4453 BETHANY LN
TITUSVILLE, FL 32780 US

KADUR, NIDAL
2596 CHRISTOPHER DRIVE
TITUSVILLE, FL 32780 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: 03/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: KADUR, NIDAL Name: KADUR, NIDAL

 Address:
 4453 BETHANY LN
 Address:
 2596 CHRISTOPHER DRIVE

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:
 TITUSVILLE, FL 32780

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KADUR, AMEL
 Name:

 Address:
 2596 CHRISTOPHER DR
 Address:

 City-St-Zip:
 TITUSVILLE, FL
 32780
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 KADUR, FAREE
 Name:

 Address:
 2596 CHRISTOPHER DRIVE
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NIDAL KADUR P 03/10/2009