

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90061 015 \*\*\*150.00

**DOCUMENT # P04000076077**

1. Entity Name  
**MONA LISA FASHIONS, INC.**



Principal Place of Business  
**7431-50 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33446**

Mailing Address  
**7431-50 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33446**

**DO NOT WRITE IN THIS SPACE**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1135898**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BOZARD, MONA  
7431-50 W. ATLANTIC AVE.  
DELRAY BEACH, FL 33446**

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BOZARD, MONA  
STREET ADDRESS 7431-50 W. ATLANTIC AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE D  
NAME NAHUM, LISA  
STREET ADDRESS 7431-50 W. ATLANTIC AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: MONA BOZARD** *Monna Bozard* 7/11/08 561-865-2541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40110986

**MONA LISA FASHIONS, INC**  
7431 W. Atlantic Avenue, Suite 50  
Delray Beach, FL 33446  
Phone 954-346-6327 Fax 954-345-1173

July 9, 2008

Florida Department of State  
Div. of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

Re: Mona Lisa Fashions, Inc.

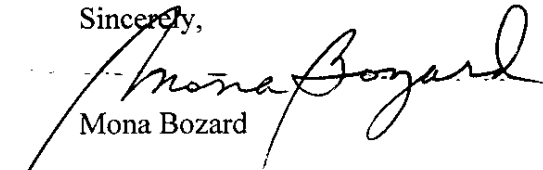
Doc # P04000076077

To Whom It May Concern,

Please be advised that I never received the original application for my annual report.  
If I had received it by mail I would have paid my fee timely.

At this time please accept my enclosed check for \$150.00 and thank you for  
your attention to this matter.

Sincerely,

  
Mona Bozard