

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000114153

1. Entity Name
ALEXANDRA FASHION OF MIAMI, INC.



**FILED
May 25, 2005 8:00 am
Secretary of State**

05-25-2005 90002 031 ***150.00

Principal Place of Business
1560 W 34 PL
HIALEAH, FL 33012

Mailing Address

1560 W 34 PL
HIALEAH, FL 33012



2. Principal Place of Business <i>1560 W 34 PL. Hialeah</i>	3. Mailing Address <i>1560 W 34th Pl.</i>
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State <i>florida</i>	City & State <i>Hialeah, Florida</i>
Zip <i>33012</i>	Country <i>US</i>

04292005 Chg-P CR2E034 (10/03)

4. FEI Number <i>36-2474413</i>	Applied For <input checked="" type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDROSA, ALEXANDRA
8370 NW 166 TERR
MIAMI LAKES, FL 33016

Name <i>(SAME)</i>	
Street Address (P.O. Box Number is Not Acceptable)	
City <i>FL</i>	Zip Code

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT ALEXANDRA PEDROSA 1560 W 34th PL. Hialeah</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Alexandra Pedrosa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-05

Date

Daytime Phone #

305 875-8400