

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000164499

1. Entity Name
REBECCA FASHION, INC.



Principal Place of Business
18200 NW 27TH AVE. #54-55
MIAMI, FL 33056

Mailing Address
18200 NW 27TH AVE. #54-55
MIAMI, FL 33056

**FILED
Apr 30, 2008 08:00 AM
Secretary of State**



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number: 27-0113385	Applied For <input type="checkbox"/>
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SONG, II SUK
18200 NW 27TH AVE. #54-55
MIAMI, FL 33056

**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)

02/28/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

U000000935255

05/23/08-80065-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SONG, II SUK
STREET ADDRESS	19230 S. HIBISCUS ST.
CITY-ST-ZIP	WESTON, FL 33332

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	

TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/08

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**