

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90054 021 ***150.00

DOCUMENT # P05000093642 1. Entity Name FASHION PRODUCTS INC.																																																																																																																																																					
Principal Place of Business 11401 NW 12 ST # 352 MIAMI, FL 33172			Mailing Address 11401 NW 12 ST # 352 MIAMI, FL 33172																																																																																																																																																		
2. Principal Place of Business 6117 NW 113 Place			3. Mailing Address 																																																																																																																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																																																		
City & State Doral, Florida		City & State 		4. FEI Number 20-3098369																																																																																																																																																	
Zip 33178		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351				7. Name and Address of New Registered Agent Name Ricardo E. Filippi Street Address (P.O. Box Number is Not Acceptable) 6117 NW 113 Place City Doral FL Zip Code 33178																																																																																																																																																	
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: (NOTE: Registered Agent signature required when reinstating) DATE: _____																																																																																																																																																					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			 																																																																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D FILIPPI, RICARDO F</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5531 NW 112 TH AVE #118</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">DORAL, FL 33178</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"> </td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">6117 NW 113 Place</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Doral, Florida 33178</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td colspan="2"> </td></tr> <tr><td>STREET ADDRESS</td><td colspan="2"> </td></tr> <tr><td>CITY-ST-ZIP</td><td colspan="2"> </td></tr> </table> </div> </div>						TITLE	D FILIPPI, RICARDO F	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	5531 NW 112 TH AVE #118		CITY-ST-ZIP	DORAL, FL 33178					TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	6117 NW 113 Place		CITY-ST-ZIP	Doral, Florida 33178					TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: Date: 01/26/06 Daytime Phone #: (305) 406 3941																																																																																																																																																					