2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 8:00 am Secretary of State

ANNOAL REPORT					Secretary of State			
DOCUMENT # P05000124384 1. Entity Name						90017 016 ***		
	WILD FASHION CORP							
Principal Place	e of Business	Mailing Address	·	411111	5133			
-	DEL SOL BLVD	9953 COSTA DEL SOL BL	VD	4000	0100			
MIAMI, FL 33		MIAMI, FL 33178						
,		,						
		<u> </u>						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address ファイ3 ルル	11200					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01032007	Chg-P	CR2E034 (12/06	;)	
Mil A	eyl, FL	City & State MIAMI	FL	4. FEI Numbe 20-3447		+-	Applied For Not Applicable	
33/78	8-1303 Country	33178-1303	Country DADE		of Status Desired	□ \$8.75 A	dditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
Name				CRUZ KARINA				
CRUZ, KARINA								
9953 COSTA DEL SOL BLVD MIAMI, FL 33178			Straget Adv	Street Address (R.O. Box Number is Not Acceptable)				
MAMI, FL	33176				•			
			City				-1-	
•			City	MIAMI	/	- FL (<i>当</i> 分)	78-1303	
	named entity submits this statement for	the purpose of changing its re	gistered office or r	registered agent, or both	n, in the State of Flori	ida. I am familiar wit	h, and accept	
the obligati	ions of registered agent.							
SIGNATURE_	Numa III	<u> </u>						
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)		DATE		
	1 1							
		9 Election Campaign	- Financina	\$5.00 · · · ·				
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
After Ma	ay 1, 2007 Fee will be \$550.0	Trust Fund Contrib	oution.	Added to Fees				
After Ma	ay 1, 2007 Fee will be \$550.0 OFFICERS AND	Trust Fund Contrib	11.	Added to Fees ADDITIONS/0		CERS AND DIRECTO		
After Ma	ay 1, 2007 Fee will be \$550.0 OFFICERS AND I	Trust Fund Contrib	11.	Added to Fees ADDITIONS/0				
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10. IVILE NAME STREET ADDRESS	OFFICERS AND I PD CRUZ, KARINA 9953 COSTA DEL SOL BLVD	Trust Fund Contrib	11. TIFLE NAME STREET ADDRESS	Added to Fees ADDITIONS/O	RINA	Change		
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFIC	Trust Fund Contrib DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/0	RINA	Øchangi 8-1303	: Addition	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #