

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000134979 1. Entity Name BOCA FASHIONS, INC.	
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Principal Place of Business 5701 S.W. 48 STREET MIAMI, FL 33155-6034	Mailing Address 5701 S.W. 48 STREET MIAMI, FL 33155-6034
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0162535	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, JULIA L 1549 SAN RAFAEL CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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.

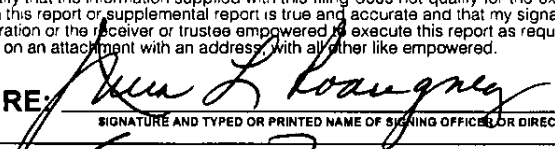
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000754585 05/22/07-80066-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RODRIGUEZ, JULIA L 1549 SAN RAFAEL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BAGNARA, ALFREDO 9700 COLLINS AVE #208 BAL HARBOUR, FL 33154
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JULIA L. Rodriguez	04/26/07 (305) 866-0477 Date Daytime Phone #
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