


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90002 007 ***158.75

DOCUMENT # P05000151822			
1. Entity Name LAMARIOS FASHION INC.			
Principal Place of Business 7509 MCKINLEY STREET HOLLYWOOD FL 33024 US		Mailing Address 7509 MCKINLEY STREET HOLLYWOOD FL 33024 US	
2. Principal Place of Business		3. Mailing Address 136 Sw Sealion Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FL.	
Zip	Country	Zip 34953	Country St Lucie
6. Name and Address of Current Registered Agent HARPAUL, KIRK MR 17069 SW 137 PLACE MIAMI FL 33177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State		S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOSA, MERCILYN MS 7509 MCKINLEY STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	136 Sw Sealion Rd. St Lucie FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: MERCILYN SOSA		Date Aug 12 06 Daytime Phone # 772-871-5750	



2nd MOORE CR2E034 (4/06)

4. FEI Number **20-3821601** Applied For ☐ Not Applicable ☐

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