2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2007 08:00 AM **DOCUMENT # P05000157849 Secretary of State** 1. Entity Name **FASHION EXPRESS INC.** Principal Place of Business Mailing Address 2806-B WESTON ROAD 2806-B WESTON ROAD WESTON, FL 33331 US WESTON, FL 33331 US 04202007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-3890077 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GUTIERREZ, CECILIA C 2806-B WESTON ROAD WESTON, FL 33331 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **GUTIERREZ, CECILIA C** STREET ADDRESS 2806-B WESTON ROAD WESTON, FL 33331 CITY - ST- ZIP TITLE STREET ADORESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY ST ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME U00000732306 STREET ADDRESS 05/09/07-80040-017 150.00 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 pther like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

14-20-2007

Daytime Phone #

**FILED**