2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 13, 2007 8:00 am
Secretary of State
02-15-2007 90037 018 ***158.75

DOCUMENT # P06000022525

1. Entity Name
B & B FASHION DESIGNERS, INC

Principal Place of Business	Mailing Address
4760 25TH PL SW APT A NAPLES, FL 34116	4760 25TH PL SW APT A NAPLES, FL 34116

02122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4867 Golden Gate PKWY	4867 Golden Gate PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: Naples FL 34116
Zip: 34116 Country: USA	Zip: 34116 Country: USA

4. FEI Number: 20-4318621 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOLER, BELKIS 4760 25TH PL SW APT A NAPLES, FL 34116	Name: SOLER, BELKIS Street Address (P.O. Box Number is Not Acceptable): 4867 Golden Gate PKWY City: Naples FL Zip Code: 34116

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: [signature] Date: 2/11/07
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLER, BELKIS 4760 25TH PLACE SW NAPLES, FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Soler, BELKIS 4867 Golden Gate PKWY Naples FL 34116	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 2/11/07 239-200-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #