

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000081309

1. Entity Name
VAN SAPHIRE FASHIONS INC.



Principal Place of Business

**1570 W. 43 PLACE
STE. 7
HIALEAH, FL 33012**

Mailing Address

**1570 W. 43 PLACE
STE. 7
HIALEAH, FL 33012**



05292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5043734

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IBANEZ, TOMISLAY
1570 W. 43 PLACE
STE. 7
HIALEAH, FL 33012**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1000000952599
05/04/08-80088-004 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IBANEZ, TOMISLAY
STREET ADDRESS 1570 W. 43 PLACE, STE. 7
CITY- ST- ZIP HIALEAH, FL 33012

TITLE
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CITY- ST- ZIP

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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

TOMISLAY IBANEZ

5-29-08

Date

305-578-6855

Daytime Phone #