

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094382

Entity Name: QUIRENIA FASHIONS INC

FILED
Jun 06, 2007
Secretary of State

Current Principal Place of Business:

570 HIALEAH DRIVE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

570 HIALEAH DRIVE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-5243016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, QUIRENIA
570 HIALEAH DRIVE
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

DEL VALLE, ISABEL
570 HIALEAH DRIVE
HIALEAH, FL 33010 US

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.

SIGNATURE: ISABEL DEL VALLE

06/06/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, QUIRENIA
Address: 570 HIALEAH DRIVE
City-St-Zip: HIALEAH, FL 33010

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: DEL VALLE, ISABEL
Address: 570 HIALEAH DRIVE
City-St-Zip: HIALEAH, FL 33010

Title: VP/T () Change (X) Addition
Name: DEL VALLE, DAVID
Address: 570 HIALEAH DRIVE
City-St-Zip: HIALEAH, FL 33010 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL DEL VALLE

P/S

06/06/2007

Electronic Signature of Signing Officer or Director

Date