

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

07-05-2007 90057 008 ***150.00

DOCUMENT # P06000107148 1. Entity Name NOTORIOUS FASHIONS, INC.			
Principal Place of Business 21 N.W. 203RD TERRACE APT. #B-8 MIAMI, FL 33169		Mailing Address 21 N.W. 203RD TERRACE APT. #B-8 MIAMI, FL 33169	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 79100 Colony Circle	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 101th 204	
City & State 		City & State Tamarac, Fla.	
Zip 	Country 	Zip 33321	Country
6. Name and Address of Current Registered Agent DAUGHTRY, CHELSEA 21 N.W. 203RD TERRACE APT B-8 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL 33321 </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u><i>Chelsea Daughtry</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> DATE: _____ </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DAUGHTRY, CHELSEA 21 N.W. 203RD TERRACE APT. #B-8 MIAMI, FL 33169	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Chelsea Daughtry</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

66020821



01222007 Chg-P CR2E034 (12/06)

4. FEI Number
71-101-2299

☒ Applied For
☐ Not Applicable

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

ATTACHMENT

1d0020821

#P06000107148 08-07-2007

To whom it may concern

Tl Chebea Daughtery was
hospitalized due to surgery
please excuse my income
and waive the late charges
my days time number is
(305) 370-9248 Evening number
is (561) 699-9175

Chebea Daughtery