2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 04, 2008 8:00 am Secretary of State

DOCUMENT # P06000126792 1. Entity Name FASHION FOR U, INC.							90031 005 ***15	50.00
Principal Place of Business Mailing Address						46142		
	EACH LAKES BLVD.		11201 NW 7TH STREET Plantation, FL 33325 US		. 00			
WEST PALMI	BEACH, FL 33401 US	PLANTATION, FL. 3	333Z3 U.	ა		* 1 200 2011 2201 2210 221		
2. Pracoa P	Pace Y Business Tall or don't	3. Maning Address			_			
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Suite Apt # etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07172008	Chg-P	CR2E034 (12/06))
City & State		City & State		4. FEI Number			polied For	
Zip Country		Zip	Zip Country		20-5663		_ \$8.75 As	lot Applicable
· · · · · · · · · · · · · · · · · · ·						f Status Desired	Fee Requir	
	6. Name and Address of Cur	rent Registered Agent		Name	7. Name and A	Address of New R	egistered Agent	
MORHAIM, MICHAEL				Street Address (P.O. Box Number is Not Acceptable)				
11201 NW 7TH STREET PLANTATION, FL 33325				Silver Address (1.0. Box Hamber 5 Not Added and 5				
								_
·				City			FL Zip Coi	
	e named entity submits this statement tions of registerest agent	ent for the purpose of changing	ng its register	ed office or regist	ered agent, or both	, in the State of Flo	orida I am familiar with	and accept
SIGNATURE	Signature, typed or printed name of registered	agent and title & applicable	(NOTE Register	ed Agent signature requi	red when reinstating)	-	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution					5.00 May Be		vith s. 607.193(2)(b) not receive the prior	
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10.	OFFICERS	AND DIRECTORS	11.			CHANGES TO OFF	ICERS AND DIRECTOR	
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replaced on this report of supplemental report is not an accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer of 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 10 or

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytene Phone #