

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131978

Entity Name: FASHION LOVING INDIVIDUAL, INC.

FILED  
Mar 24, 2009  
Secretary of State

## Current Principal Place of Business:

3404 S. VIRGINIA COURT  
TAMPA, FL 33629

## New Principal Place of Business:

3615 W SAN LUIS  
TAMPA, FL 33629

## Current Mailing Address:

3404 S. VIRGINIA COURT  
TAMPA, FL 33629

## New Mailing Address:

3615 W SAN LUIS  
TAMPA, FL 33629

FEI Number: 80-0137577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, MANUEL J  
109 NORTH BRUSH STREET, SUITE 500  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VALENTI, ANGIE  
Address: 3404 S. VIRGINIA COURT  
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete  
Name: VALENTI, RUSSELL  
Address: 3404 S. VIRGINIA COURT  
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete  
Name: GENTRY, DORIS  
Address: 1870 HOLLY HURST DR  
City-St-Zip: AVON PARK, FL 33825

Title: V ( ) Delete  
Name: GOOD, CYNTHIA  
Address: 3614 W SAN LUIS  
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete  
Name: JONES, GRAHAM  
Address: 3614 W SAN LUIS  
City-St-Zip: TAMPA, FL 33629

Title: V ( ) Delete  
Name: VALENTI, JAKE  
Address: 3614 W SAN LUIS  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANGELA VALENTI

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date