## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

ANNVAL NEFVNI						Secretary or State				
DOCUMENT # P07000052398  1. Entity Name GEV FASHIONS, INC.					05-02-2008 90112 046 ***150.00					
Principal Plac	e of Business	Mailing Address				~~~~				
12208 NW 7TH AVE		12208 NW 7TH AVE				•				
N MIAMI, FL 33168		N MIAMI, FL 33168								
Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number	20-8978	7038		oplied For ot Applicable	
Zip	Country Zip Co		Countr	у	ï ·	f Status Desired	\$	8.75 Add ee Require		
Name and Address of Current Registered Agent					7. Name and A	ddress of New	Registered A	gent		
ZUNIGA, VICTOR				Name						
1552 71ST			Street Address		P.O. Box Number	is Not Acceptab	le)			
	ACH, FL 33141				VA					
•										
$ \cdot $				City			FL	Zip Cod	е	
8. The above the obligat	named entity submits this statement tions of registered agent.	d office or register	red agent, or both	, in the State of F		miliar with,	and accept			
CICNATURE										
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE	E Registered a	Agent aignature required	1 when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campai Trust Fund Contr			.00 May Be ed to Fees					
10.	OFFICERS AND	D DIRECTORS	11,		ADDITIONS/C	HANGES TO OF	FICERS AND (	DIRECTOR	S IN 11	
TITLE	PD	☐ Delete TITI						☐ Change	Addition	
NAME CIDERT ADDRESS	ZUNIGA, VICTOR	NAM								
STREET ADDRESS CITY-ST-ZIP	1552 71ST STREET MIAMI BEACH, FL 33141			radoress Ge-Zip						
TITLE	WINGER BEACH, 1 E 33141	THE THE PARTY OF T		71-211				C 05		
NAME		□ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS				F ADDRESS						
CHY-ST-ZIP			CITY-S	ST-ZIP						
TITLE	71.1	☐ Delete	THLE					Change	Addition	
NAME			NAME	1						
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	SI-ZIP	<del>-</del>			_		
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	i i						
TITLE		☐ Delete	ITILE					Change	Addition	
NAME			NAME	[						
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP	-					
INLE		☐ Delete	TITLE					Change	☐ Addition	
NAME			NAME	[						
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP  12. I hereby certify that the information supposed with this filling does not qualify for the e			CITY-S							
1 12. Thereby 6	certify that the information supplied wi	th this filing does not qualify fo	x the exen	notions contained	t in Chapter 119.	Florida Statutes.	Liurther certify	v that the ir	nformation	

12. Thereby certify that the information supplied with ritis liling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am anofficer 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: \_

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #