2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT # P07000127093 1. Entity Name NYC FASHION INC								04-30-2008 90	201 017 ***1.	50.00	
Principal Place of Business Mailing Address											
3516 OKEECHOBEE RD FORT PIERCE, FL 34947 SORT PIERCE, FL 34947							6003	5060			
										 	
2. Principal Place of Business - No P.O. Box # 20. 3. Mailing Address 3520 OKEECHUSEE RO. 3520 OKEECHUSEE RO.											
Suite, Apt. #, etc. Suite, Apt. #, etc.								•			
озно, гфн	, 5.5.	•					03132008	Chg-P	CR2E034 (12/	06)	
City & State			City & State				4. FEI Numb	531942		Applied For Not Applicable	
Zip		Country	Zip	try	5. Certificate of Status Desired \$8.75 Additiona			Additional			
6. Name and Address of Current Re			egistered Agent				Fee Required 7. Name and Address of New Registered Agent				
o. Haire and Audress of Current Registered Agent						Name					
ALI, MAMOON 3516 OKEECHOBEE RD FORT PIERCE, FL 34947						Street Address (P.O. Box Number is Not Acceptable)					
FORT PIERCE, FL 34947					3520 OKEECHOBEE RD.						
						City FL Zip Code					
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 above harded entity subtrine this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Marvov & 4115 08 Signature, typed or printed name of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees											
Actor may 1, 2000 Fee Will be \$550.00											
10.	Р	OFFICERS AND		11.	. 1		ADDITIONS	CHANGES TO OFF			
TITLE NAME	MAMOON	I. ALI	☐ Delete	TITLE					S Cha	nge 🗌 Addition	
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CITY-ST-ZIP					-ST-ZIP						
12 i bereby (ertify that the	e information supplied with	this filing does not qualify for	or the eye	amotions co	ontained	in Chapter 119	, Florida Statutes. 1	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: Mamuon (& 4/5/08											

Mamon (S)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR