

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075620

Entity Name: INFINITY FASHIONS INC.

FILED
Jul 06, 2004
Secretary of State

Current Principal Place of Business:

3738 N.W. 16 STREET
LAUDERHILL, FL 33311

New Principal Place of Business:

Current Mailing Address:

3738 N.W. 16 STREET
LAUDERHILL, FL 33311

New Mailing Address:

FEI Number: 65-0445874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAKON, SIMON
10071 NW 13 ST
PLANTATION, FL 33322 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAKON, OFRA
Address: 3738 NW 16TH ST
City-St-Zip: LAUDERHILL, FL 33311

Title: V () Delete
Name: KAKON, SIMON
Address: 3738 NW 16TH ST
City-St-Zip: LAUDERHILL, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: SIMON KAKON

VP

07/06/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date