2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # P94000023610 1. Entity Name SHANTEL FASHION, INC.						03-18-2005 90060 050 ***150.00				
	ce of Business	Mailing Address		- 1		2535 1 4 Para 1			:	
2369 NW 20 ST 2369 NW 20 ST										
MIAMI, FL 33142					A PT TERRY	- der b Milya - India - changd Alamada managan ya yannada - ye ya ya		renada y na na rakewate	and the particular state of	
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2. Principal Place of Business 3. Mailing Address					† 					
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Suite, Apt.	. #, etc.		03152005	Chg-P	. CR2E0	34 (10/03)				
City & Stat	te	City & State	City & State		4. FEI Numb	er		I IA	pplied For	
					65-047	•			ot Applicable	
Zip	Country	Zip	Coun	5. Certificate of Status Desired			\$8.75 Ad			
- 6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent							
<u> </u>	Name	anio dik		-g-r-G GG P						
SAID, HAI				Stroot Address (D.O. Day Alumber in Mas Apparetable)						
2369 NW 20 ST MIAMI, FL 33142					Street Address (P.O. Box Number is Not Acceptable)					
initani, i L	. 55142			•						
1			. 	City			FL	Zip Cod	e	
O The shows	nomed antiby submits this at-	atement for the purpose of changing it	o societos	ad office or register	rad agent as be	oth in the Ctate of Ele		1		
	tions of registered agent.	statuant for the bribose of custifying it	e ieflerei	an office of redister	reciagent, or bo	oun, in the State of Fic	rica. Tami	armitar with,	and accept	
SIGNATURE.	Signature, typed or printed name of reg	istered agent and tide if applicable. (NC	TE: Registere	d Agent signature required	d when reinstating)		DATE			
					•				-	
After M	E NOWIII FEE IS \$150 ay 1, 2005 Fee will be	9. Election Camp Trust Fund Cor	aign Finar itribution.	ncing \$5 Add	.00 May Be led to Fees	:				
10.	1	ERS AND DIRECTORS	11.		· ADDITIONS	CHANGES TO OFF	ICERS AND			
TITLE NAME	D SAID, HAIDAR N	☐ Delete	TITL!					Change	☐ Addition	
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TITLE NAME	1	☐ Delete	TITLE	4				Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					i	
CITY-ST-ZIP				-ST-ZIP						
12. I hereby	certify that the information sur	oplied with this filing does not qualify f	or the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes. I	further certi	fy that the in	nformation	
of the cor	rooration or the receiver or tru	al report is true and accurate and that istee empowered to execute this repor	rt as requi	ture snall have the red by Chapter 607	same legal effe 7, Florida Statut	ct as it made under o es; and that my name	oatn; that I a e appears in	n an officer Block 10 oi	or director Block 11 if	
changed	, or on an attachment with an	address, with all other like empowere	a. /	. 1	1			_		