

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000041630

1. Entity Name

PRETTY WOMAN FASHION INC.



Pretty Woman Fashion, Inc.
2609 N.W. 20th Street
Miami, FL 33142

Pretty Woman Fashion, Inc.
- 2609 N.W. 20th Street
Miami, FL 33142



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number 65-0504350		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMCHANDANI, DEEPAK
2627 NW 20 STREET
MIAMI FL 33142

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMCHANDANI, DEEPAK 2627 N.W. 20TH STREET MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000309148 04/16/05-80025-019 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMCHANDANI, ELA 2627 N.W. 20TH STREET MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Deepak
DEEPAK

4/14/05
Date

Daytime Phone #