## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P94000041630 04-18-2006 90078 035 \*\*\*150.00 PRETTY WOMAN FASHION INC. Principal Place of Business Mailing Address 2627 NW 20 STREET MIAMI FL 33142 2627 NW 20 STREET MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Pretty Woman Fashion, Inc. Pretty Woman Fashion, Inc. 1st MOORE CR2E034 (10/05) 2609 N.W. 20th Street 2609 N.W. 20th Street 4. FEI Number Applied For Miami, FL 33142 Miami, FL 33142 65-0504350 Not Applicable us u s \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ramchandani, Deepak RAMCHANDANI, DEEPAK 2627 NW 20 STREET 2609 N.W. 20th Street MIAMI FL 33142 -Miami, FL 33142 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, typed or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Detete TITLE PD TITLE Change ☐ Addition 2609 N.W. 20th Street NAME RAMCHANDANI, DEEPAK NAME Miami, FL 33142 STREET ADDRESS 2627 N.W. 20TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-7IP TITLE SD Delete Change TITLE Addition 2609 N.W. 20th Street RAMCHANDANI, ELA MAME NAME STREET ADDRESS 2627 N.W. 20TH STREET STREET ADDRESS Miami, FL 33142 CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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.

Deepak Kamchandani

SIGNATURE:

FILED