


FILED
Jun 13, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000049280 1. Entity Name MIAMI FASHION, INC.	
--	---

Principal Place of Business 500 N.W. 24TH STREET SUITE H MIAMI, FL 33127	Mailing Address 500 N.W. 24TH STREET SUITE H MIAMI, FL 33127
--	--

DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0532990	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BALLESTAS, VICTOR
500 N.W. 24TH STREET
MIAMI, FL 33127**

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-issuing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALLESTAS, VICTOR 500 N.W. 24TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BALLESTAS, IVETTE 500 N.W. 24TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, LOREN Y 500 N.W. 24TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, VICTOR M JR. 500 N.W. 24TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, IVONNE M 500 N.W. 24TH STREET MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTAS, VANESSA 500 N.W. 24TH STREET MIAMI, FL 33127

U00000369537
06/13/05-80002-017 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), 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 empowerments.

SIGNATURE: *Victor Ballestas* 5/1/05 305 576-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #