

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049280

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: MIAMI FASHION, INC.

## Current Principal Place of Business:

500 N.W. 24TH STREET  
SUITE H  
MIAMI, FL 33127

## New Principal Place of Business:

500 N.W. 24TH STREET  
SUITE H  
MIAMI, FL 331274300 US

## Current Mailing Address:

500 N.W. 24TH STREET  
SUITE H  
MIAMI, FL 33127

## New Mailing Address:

500 N.W. 24TH STREET  
SUITE H  
MIAMI, FL 331274300 US

FEI Number: 65-0532990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BALLESTAS, VICTOR  
500 N.W. 24TH STREET  
MIAMI, FL 331274300 US

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: VICTOR BALLESTAS

03/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BALLESTAS, VICTOR  
Address: 500 N.W. 24TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: DVPS ( ) Delete  
Name: BALLESTAS, IVETTE  
Address: 500 N.W. 24TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: BALLESTAS, LOREN Y  
Address: 500 N.W. 24TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: BALLESTAS, VICTOR M JR.  
Address: 500 N.W. 24TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: BALLESTAS, IVONNE M  
Address: 500 N.W. 24TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete  
Name: BALLESTAS, VANESSA  
Address: 500 N.W. 24TH STREET  
City-St-Zip: MIAMI, FL 33127

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Chapter 119, 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: VICTOR BALLESTAS

DP

03/13/2007

Electronic Signature of Signing Officer or Director

Date