


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 021 ***150.00

DOCUMENT # P94000063959

1. Entity Name
FASHION FAZE, NW., INC.



Principal Place of Business
**7291 W ATLANTIC AVE.
 DELRAY, FL 33446 US**

Mailing Address
**6868 W ATLANTIC BLVD
 MARGATE, FL 33063**

40084106



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
6852 W. ATLANTIC BLVD

Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State
MARGATE FL

4. FEI Number
65-0524215

Applied For
 Not Applicable

Zip
33063

Country
U.S.

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KATZ, LENNY 6868 W ATLANTIC BLVD MARGATE, FL 33063		Name Street Address (P.O. Box Number is Not Acceptable) 6852 W. ATLANTIC BLVD City MARGATE FL Zip Code 33063	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KATZ, LENNY 6868 W ATLANTIC BLVD MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *LENNY KATZ* **LENNY KATZ** 4/23/07 954-969-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #