

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063959

Entity Name: FASHION FAZE, NW., INC.

FILED  
Apr 13, 2011  
Secretary of State

**Current Principal Place of Business:**

7291 W ATLANTIC AVE.  
DELRAY, FL 33446 US

**New Principal Place of Business:**

FASHION FAZE NW INC  
5859 W. ATLANTIC AVE. STE B4  
DELRAY BEACH, FL 33484 US

**Current Mailing Address:**

8229 N. PINE ISLAND ROAD  
TAMARAC, FL 33321

**New Mailing Address:**

FASHION FAZE  
8229 N. PINE ISLAND ROAD  
TAMARAC, FL 33321 US

FEI Number: 65-0524215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZ, LEONARD  
8229 N. PINE ISLAND RD.  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: KATZ, ROSLYN  
Address: 8229 N. PINE ISLAND ROAD  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: ROSLYN KATZ

PRES

04/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date