

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90109 044 ***150.00

DOCUMENT # P96000083727

1. Entity Name

N.Y. FASHION, INC.



Principal Place of Business

2001 N FEDERAL HWY
D-14
POMPANO BEACH FL 33062

Mailing Address

2001 N FEDERAL HWY
D-14
POMPANO BEACH FL 33062

2. Principal Place of Business

2001 N. FEDERAL HWY

Suite, Apt. #, etc.

POMPANO CITI CENTER D202

City & State

POMPANO BEACH FL 33062

Zip
33062

Country

BROWARD

3. Mailing Address

2001 N. FEDERAL HWY

Suite, Apt. #, etc.

POMPANO CITI CENTER D202

City & State

POMPANO BEACH FL 33062

Zip
33062

Country

BROWARD



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0699226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, JAE S
2001 N FEDERAL HWY
D14
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name LEE, JAE S

Street Address (P.O. Box Number is Not Acceptable)

2001 N. FEDERAL HWY

POMPANO CITI CENTER D202

City POMPANO BEACH

FL

Zip Code

33062

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 Jae Soon Lee
Signature, typed or printed name of registered agent and title if applicable

JAE SOON LEE PD
(NOTE: Registered Agent signature required when reinstating)

04-26-2005
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEE, JAE S
STREET ADDRESS 2001 N FEDERAL HWY
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jae Soon Lee JAE SOON LEE PD 04-26-2005 (954) 290-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #