

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000083727

1. Entity Name
N.Y. FASHION, INC.



Principal Place of Business
2001 N FEDERAL HWY
POMPANO CITI CENTER D202
POMPANO BEACH, FL 33062

Mailing Address

2001 N FEDERAL HWY
POMPANO CITI CENTER D202
POMPANO BEACH, FL 33062

2. Principal Place of Business
2101 N Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
2101 N Federal Hwy
Suite, Apt. #, etc.

City & State

City & State

05172006 Chg-P CR2E034 (11/05)

Zip

Country

Zip

Country

4. FEI Number 65-0699226	Applied For Not Applicable
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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
POMPANO CITI CENTER D202
POMPANO BEACH, FL 33062

Name

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

2101 N Federal Hwy

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renatting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Change Addition

2101 N Federal Hwy

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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 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: Lee, JAE S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

17 May 06

Date

Daytime Phone #