## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## P96000101134

**DOCUMENT #** 1. Entity Name

Principal Place of Business

EDY FASHIONS, INC.



04-25-2003 90304 012 150.00

FILED
Apr 25, 2003 8:00 am
Secretary of State
04.05.0002.00204.010.***1.50.00

2. Principal Parce of Business   3. Mailing Address    Suito, Apr. #, etc.   Suito, Apr. #, otc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   A. FEI Number 65-0798531   Papillar For Not Application For Not Application For Not Application For Requirement For Application For Requirement	2341 WEST 52ND STREET. #35 HIALEAH FL 33016		2341 WEST 52ND STREET. #35 HIALEAH FL 33016					
Suite, Apt. #, etc.   Check HERE IF MAKING CHANGES    City & State   Check HERE IF MAKING CHANGES    Zip   Country   Zip   Country   S. Certificate of Status Does red   Se. 75, Additional Fee Application    E. Name and Address of Current Registered Apent   Name    HERRERA, PLACIDO 2341 WEST SAND STREET, #35    HALEAH FL 33016   Street Address (P.C. Box Number is Not Acceptable)    E. In a above named entity submits this statement for the purpose of changing its registered office or registered agent: or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent are to present agent and the registered office or registered agent: or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent a	r	1 <del>- 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 − 1 </del>		المراجعة ال				
City & State  Country  Country  S. Certificate of Status Gesterd  S. 75 Additional Fee Required  B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  HERRERA, PLACIDO  Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Now, in the State of Florida. I sert familiar with, and accept the originations of registered agent, or both, in the State of Florida. I sert familiar with, and accept the originations of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the originations of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the originations of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the originations of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the originations of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the originations of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the origination of registered agent. Or both, in the State of Florida. I sert familiar with, and accept the	2. Principal Place of Business		3. Mailing Address			1141    1201    1004    1111    1111    1801		
Ty Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Face Address of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable)  HERRERA, PLACIDO STREET, #35 HALEAH FL 33016  8. The above ramed 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 ocigations of registered agent.  SIGNATURE 6. System, peed a grimed name of registeric agent and the applicable. (ROTE Registered Agent agrows meaned when writering) DATE.  FILE NOW!!! FEE IS \$150.00  Address (P.O. Box Number is Not Acceptable)  DATE.  FILE NOW!!! FEE IS \$150.00  Added to Fee.  Adde	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
Four Properties   Four Prope	City & State		City & State	<del></del>	4. FEI Number 65-0798531			
HERRERA, PLACIDO 2341 WEST 52/ND STREET, #35 HIALEAH FL 33016  8. The above named arity submits this statement for the purpose of changing its registered eigent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered with the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered with the state of Forida. I am familiar with, and accept the obligations of registered with the state of Forida. I am familiar with, and accept after the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the supplication.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/C-HANGES TO	Zip	Country	Zip	Country	5. Certificate of Status Desired			
HERRERA, PLACIDO 234 WEST 52ND STREET, #35 HALEAH FL 33016  City FL Zip Code  Steel Code Campaign Financing Trust Fund Contribution  City FL Zip Code  City		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
### STEET ADDRESS OF TREET, #35 HIALEAH FL 33016    City   FL   Zip Code	VICODERA	DI 40/D0		Name	Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat				Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature, hypord or printed name of registered agent agent and 50% it applicable.   INOTE Registered Agent surprises received when reinhalding)   DATE	HIALEAH F	L 33016						
SIGNATURE   Signature, typeout or protect name of registered agent and other if applicables.   INOTE Registered Agent signature recursed when remarkating)   DATE				City	FL	Zip Code		
FILE NOW!! FEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME SIREET ADDRESS CITY-ST-2P  TILE NAME SIRET ADDRESS CITY-ST-2P  TIL	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.							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE							
After May 1, 2003 Fee will be \$550.00 May 8e Make Check Payable to Florida Department of State  10.			and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating) DATE			
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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:

Daytime Phone #