

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000053302

1. Entity Name

HOUSE OF FASHION INC.



Principal Place of Business

1841 N.W. 20TH ST.
MIAMI FL 33142

Mailing Address

1841 N.W. 20TH ST.
MIAMI FL 33142

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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0772740**

Applied For
Not Applicable

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

SUKHWANI, VASHI
1841 N.W. 20TH ST.
MIAMI FL 33142

Name

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

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 like if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
P	VASHI, SUKHWANI	1841 NW 20TH STREET	MIAMI FL 33142	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 667, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 29/07