## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 8:00 am Secretary of State

02-03-2006 90011 020 \*\*\*150.00

## DOCUMENT # P97000058845

Entity Name

FRANCESKA ANTIQUES OF PARIS, INC.



					Per ser					
Principal Place of Business			Mailing Address							
19291 NE 19 PLACE NORTH MIAMI BEACH, FL 33179 US			19291 NE 19 PLACE							
216		4 41	NORTH MIAMI BEACH, FL 33179 US US — 1, Dania Beach FL 330			3004				
3 NOT	• • • • • • •	deral Hwy	, <u> </u>			300				
2. Principal P	lace of Busin	ness	3. Mailing Address		·					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01272006	Chg-P	CB2F0	34 (11/05)	
0			01.00					01220	<u> </u>	
City & State			City & State		4. FEI Num 65-07	<sup>70963</sup>		_ <del>                                    </del>	oplied For of Applicable	
Zip Co		Country	Zip	Zip Country			te of Status Desired	П	\$8.75 Add	
6. Name and Address of Current F			4 8					Fee Require	d	
	6. Name	and Address of Current F	registered Agent		Name	/. Name ar	d Address of New R	egistered .	Agent	
ROBINSO			Strong Address			(0.0 B. N	o (DO Boy Number in Net Assessed			
1590 N.E. 162ND ST. STE. 200 NORTH MIAMI-BEACH, FL 33162					Street Address (P.O. Box Number is Not Acceptable)					
NO KITTINI	ir avail DEF	011,12 33102								
					City	FL			Zip Code	
8. The above	named entit	v submits this statement for	the purpose of changing its	register	ed office or re	egistered agent, or b	oth, in the State of Flo		familiar with	and accent
the obligati	ons of regist	tered agent.				- <b>g g</b> ,				
SIGNATURE_										<u></u>
	Signature, typed	or printed name of registered agent as	nd title if applicable. (NOT	E: Registere	ed Agent signature	required when reinstating)		DATE		
EIL I	E NOWIII	∱ FEE IS \$150.00	9. Election Campa	ign Finar	ncing	\$5.00 May Be				
After Ma	y 1, 200	6 Fee will be \$550.0	O Trust Fund Cont	ribution.	· 🗆	Added to Fees				
10.		OFFICERS AND D	DIRECTORS	11.		ADDITION		ICERS AND	DIRECTOR:	S IN 11
TITLE	DPS		☐ Delete	TITL	E	•			(X) Change	Addition
NAME CTREET ADDRESS	AKIBA, AI			NAM	1	3 N/087	H FRI) FW	2401	144	,
STREET ADDRESS   T9291 NE T9 PLACE- CITY-ST-ZIP   NORTH MIAMI BEACH, FL 33173			9		ET-ADDRESS -ST-ZF	DRAILA	- BIE WENT		MW	<b>%</b> 1.
TITLE	٧		☐ Delete	TITL		HIOTH	BICHON	- PC	Z Change	☐ Addition
NAME	AKIBA, CI			NAM	- 1				~ ,	
STREET ADDRESS CITY-ST-ZIP				• `	ST-ZIP					
TITLE	NONTHA	<u> </u>	Delete	7m	<del></del>	DAMMA_	18tuat 14		Change	Addition
NAME			L DORGE	NAM	- 1				Change	Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				-	-ST-ZIP					<u> </u>
TITLE NAME			Delete	TITLI NAM					Change	☐ Addition
STREET ADDRESS		•			EET ADDRESS					
CITY-ST-ZIP		<b></b> .		CITY	-ST-ZIP					
TITLE NAME			Delete	TITL					Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				СПУ	-ST-ZIP					
TITLE			Delete	עזוז	E				☐ Change	Addition
NAME Street address				NAM						
CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
							·			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

01 30 06 305 725 640L