



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000101033 1. Entity Name PALM BEACH FASHIONS, INC.	
--	---

Principal Place of Business 5869 W ATLANTIC AVE DELRAY BEACH, FL 33484	Mailing Address 5869 W ATLANTIC AVE DELRAY BEACH, FL 33484
--	--

DO NOT WRITE IN THIS SPACE

	
03172007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0818008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAHAV, CATHERINE 5869 W ATLANTIC AVE DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

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 <u>Chah VP</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>5-30-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAHAV, REUVEN 5869 W ATLANTIC AVE DELRAY BEACH, FL 22848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LAHAV, CATHERINE 5869 W ATLANTIC AVE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000765732 06/04/07-80002-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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: <u>Chah VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5-30-07</u> Daytime Phone # <u>707-302</u>