

2005 AR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P98000003902

1. Entity Name

KATTY AND LOREN FASHIONS, INC.



Principal Place of Business

1751 WEST FLAGLER ST. STE. 6
MIAMI FL 33135

Mailing Address

1751 WEST FLAGLER ST. STE. 6
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0807372

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUESADA, ROSALBA
1751 WEST FLAGLER ST. STE. 6
MIAMI FL 33135

7. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2005 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: STP
NAME: QUESADA, ROSALBA
STREET ADDRESS: 1751 WEST FLAGLER ST. STE. 6
CITY-ST-ZIP: MIAMI FL 33135

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 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: *Rosalba Quesada*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

Daytime Phone #

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90105 038 ***108.75

06-02-05 01014 013 ***50.00

20034413



1st MOORE CR2E034 (10/04)