

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000085231

1. Entity Name

FASHION TRAFFIC, INC.



Principal Place of Business

390 NW 27TH STREET
MIAMI, FL 33127

Mailing Address

390 NW 27TH STREET
MIAMI, FL 33127

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0868548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHONG, EDWARD
390 NW 27TH STREET
MIAMI, FL 33127

**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 _____

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: CHONG, EDWARD
STREET ADDRESS: 390 NW 27TH STREET
CITY, ST, ZIP: MIAMI, FL 33127

TITLE: D
NAME: CHONG, HYON HUI
STREET ADDRESS: 390 NW 27TH STREET
CITY, ST, ZIP: MIAMI, FL 33127

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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NAME:
STREET ADDRESS:
CITY, ST, ZIP:

U00000387845
01/19/06-80054-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 the empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #