2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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FILED

May 11, 2007 8:00 an Secretary of State
05-11-2007 90023 029 ***150.00

DOCUMENT # P99000021303 NIRVANA FASHIONS INC. 40110674 Principal Place of Business Mailing Address 11401 PINES BOULEVARD 11401 PINES BLVD PEMBROKE PINES, FL 33026 SUITE 790 PEMBROKE PINES, FL 33026 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0901648 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AZANI, IGAL 11401 PINES BLVD STE 790 Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL 33026 City Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition AZAM, WAL AZANI, IGAL NAME NAME 11401 PINES BLVD. #790 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33026 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filips 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 a time of the proposer of the corporation of t

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SIGNATURE:		/// w		
	SIGNATURE AND TOPE	OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oate	Daytime Phone #
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