## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000044667

FILED Jan 11, 2012 Secretary of State

Entity Name: LUBA'S FASHIONS AND MONARCH DESIGN GROUP, INC.

| Current Principal Place of Business:   |                          | New Principal Place of Business: |   |  |
|--|--------------------------|----------------------------------|---|--|
| 1812 NORTH LIME AVE.<br>SARASOTA, FL 34234   |                          |                                  |   |  |
| Current Mailing Address:   |                          | New Mailing Address:             |   |  |
| 1812 NORTH LIME AVE.<br>SARASOTA, FL 34234   |                          |                                  |   |  |
| FEI Number: 65-0919782   | FEI Number Applied For() | FEI Number Not Applicable ( )    | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent:  |                          | Name and Address of              | Name and Address of New Registered Agent: |  |
| CHYORNY, MARTIN R<br>1812 NORTH LIME AVE.<br>SARASOTA, FL 34234  | US                       |                                  |   |  |
| 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. |                          |                                  |   |  |
| SIGNATURE:   |                          |                                  |   |  |
| Electronic Signature of Registered Agent   |                          | nt                               | Date                                      |  |
|  |                          |                                  |   |  |

## **OFFICERS AND DIRECTORS:**

Title:

Name: CHYORNY, MARTIN R

Address: 8918 HUNTINGTON POINTE DRIVE

City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN CHYORNY D 01/11/2012