## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 08:00 AN Secretary of State

				Jan 23	, <b>2</b> 000 '	OO.UU A
DOCUMENT # P990001015  1. Entity Name ROYAL CROWN FASHION, INC.	49					of State
Principal Place of Business	Mailing Address			•		
176 E FLAGLER STREET MIAMI, FL 33131	176 E FLAGLER STREET MIAMI, FL 33131					
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e e e e e e e e e e e e e e e e e e e	i di		65-096	of Status Desired	\$8.7	Not Applicable  5 Additional
6. Name and Address of Current Re	mintage of Amend		J. Octanicate		Fee Re	equired
U. Name and Address of Carlett Ne	gisterad Agent	AND PARTY OF THE STREET		The state of the s	Mark September .	د ، سپد رده سپد
MISSAGHI, SHIVA 176 E. FLAGLER ST. MIAMI, FL 33131		<u></u>	DO	NOT W	RITE	•
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			76. I L W		ACL	e de la composition della comp
<ol> <li>The above named entity submits this statement for the obligations of registered agent.</li> </ol>	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familia:	with, and accept
SIGNATURE	title II applicable NOTE Registers	ed Agent signature required	when reinstation)	·	DATE	
organia o producti de la companya de	7072 //200			· · · · · · · · · · · · · · · · · · ·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.	- <u>-</u> -	.00 May Be led to Fees			
10. OFFICERS AND DIR	RECTORS	NATE OF THE		5 7 7 7 7		
TITLE P NAME MISSAGHI, SHIVA STREET ADDRESS 3715 STARBOARD AVE. CITY-ST-ZIP COOPER CITY, FL 33026		<u>.</u>	7 · · · · · · · · · · · · · · · · · · ·	U00000 01/27/06-	9 <b>96</b> 075 80019 <b>-0</b> 02	150.00
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NAME STREET ADDRESS			· · · · · · · · ·	والأوالان والمراو	***************************************	التقريب إرزان
CITY-ST-ZIP			******			

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 inclicated 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:	hiva -	A SPRINTED NAME OF	SIGNING OFFICER OR DIRECTOR
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1-20-06

Daytime Phone #