

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V12959

I. Entity Name  
RADICAL FASHIONS OF FORT LAUDERDALE, INC.



**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business      Mailing Address  
3161 W. OAKLAND PRK BLVD      3161 W. OAKLAND PRK BLVD  
SUITE #705      SUITE #705  
FORT LAUDERDALE, FL 33311 US      FORT LAUDERDALE, FL 33311 US



02052005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
59-3107997      Not Applicable

5. Certificate of Status Desired      ☐      \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CHEHAB, BILAL  
3161 W. OAKLAND PRK BLVD  
SUITE #705  
FORT LAUDERDALE, FL 33311

**DO NOT WRITE  
IN THIS SPACE**

3. 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**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐      Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      DP  
NAME      CHEHAB, BILAL  
STREET ADDRESS      3161 W. OAKLAND PRK BLVD #705  
CITY - ST - ZIP      FORT LAUDERDALE, FL 33311

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U00000258227  
03/10/05-80033-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILAL CHEHAB      2-22-05      954-239-1663

Date

Daytime Phone #