

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # V12959

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



Principal Place of Business

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

Mailing Address

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

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**



03142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-3107997                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
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     |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| TITLE          |                               |
| NAME           |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

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04/30/07-80019-025 150.00

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILAL CHEHAB

03/15/07

Date

(954) 260-7112

Daytime Phone #