

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52068

Entity Name: FLORIDA FASHION FOCUS, INC.

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

777 NW 72ND AVE., STE 3098
MIAMI, FL 331263024

New Principal Place of Business:

Current Mailing Address:

777 NW 72ND AVE., STE 3098
MIAMI, FL 331263024

New Mailing Address:

FEI Number: 59-6071516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKINNER, DONNA R
777 NW 72ND AVE., STE 3098
MIAMI, FL 331263024 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARROLL, TOM
Address: 777 NW 72ND AVE, STE 3098
City-St-Zip: MIAMI, FL 331263024

Title: VD () Delete
Name: GIESE, PAULETTE
Address: 777 NW 72ND AVE, STE 3098
City-St-Zip: MIAMI, FL 331263024

Title: TD () Delete
Name: ARREDONDO, ED
Address: 777 NW 72ND AVE, STE 3098
City-St-Zip: MIAMI, FL 331263024

Title: CD () Delete
Name: SHNIDER, BARRY
Address: 777 NW 72ND AVE, STE 3098
City-St-Zip: MIAMI, FL 331263024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM CARROLL

PD

02/16/2007

Electronic Signature of Signing Officer or Director

_____ Date