

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000003823

Entity Name: FASHION POZE PRODUCTIONS INC**Current Principal Place of Business:**1216 MAJESTY TERRACE
WESTON, FL 33327**Current Mailing Address:**1216 MAJESTY TERRACE
WESTON, FL 33327 US**FEI Number:** 45-5257851**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**AIKMAN, TANIA
1216 MAJESTY TERRACE
WESTON, FL 33327 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_____
Date**Officer/Director Detail :**

Title	CEO
Name	AIKMAN, TANIA
Address	1216 MAJESTY TERRACE
City-State-Zip:	WESTON FL 33327

Title	P
Name	AIKMAN, TANIA
Address	1216 MAJESTY TERR
City-State-Zip:	WESTON FL 33027

Title	VP
Name	COPELAND, SHARON
Address	3234 NW 204 TERRACE
City-State-Zip:	MIAMI GARDENS FL 33056

Title	SEC
Name	DAYES, TAWANA
Address	1216 MAJESTY TERRACE
City-State-Zip:	WESTON FL 33327

Title	HR
Name	THOMAS, GEMALYN
Address	MAIN STREET, CENTRAL VILLAGE
City-State-Zip:	ST CATHERINE, WI

Title	CFO
Name	WILLIAMSON, CARDEL
Address	8 UPPER MALL ROAD
City-State-Zip:	KINGSTON 11

Title	CREATIVE DIRECTOR
Name	FLETCHER, ASHLEY
Address	1216 MAJESTY TERRACE
City-State-Zip:	WESTON FL 33327

Title	CASTING DIRECTOR
Name	ADRIA, WEST
Address	1216 MAJESTY TERRACE
City-State-Zip:	WESTON FL 33327

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TANIA AIKMAN**PRESIDENT****04/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title IT
Name DRUMMONDS, RENEE
Address MAIN STREET, CENTRAL VILLAGE
City-State-Zip: ST CATHERINE, WI

Title WARDROBE MANAGER
Name HALL, LATASHA
Address 86 PHELAND STREET
City-State-Zip: SPRINGFIELD MA 01109