


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90019 041 ***158.75

DOCUMENT # P03000100670			
1. Entity Name L3 FASHION INC.		Mailing Address 1480 CLEVELAND RD MIAMI BEACH, FL 33141	
Principal Place of Business 1480 CLEVELAND RD MIAMI BEACH, FL 33141		Mailing Address 1480 CLEVELAND RD MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TURCHIN, THOMAS S 1480 CLEVELAND RD MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERESA, MORRIS TURCHIN A	NAME	S/T/P THOMAS TURCHIN S
STREET ADDRESS	1480 CLEVELAND RD	STREET ADDRESS	1480 Cleveland Rd miami beach FL 33141
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, TURCHIN S	NAME	
STREET ADDRESS	1480 CLEVELAND RD	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Thomas Turchin</i>		Date: 4/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

24040500



04152004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0358459** Applied For Not Applicable

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