


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000100670

1. Entity Name
L3 FASHION INC.



Principal Place of Business 1480 CLEVELAND RD MIAMI BEACH, FL 33141	Mailing Address 1480 CLEVELAND RD MIAMI BEACH, FL 33141
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0358459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TURCHIN, THOMAS S
 1480 CLEVELAND RD
 MIAMI BEACH, FL 33141**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE P	NAME THERESA, MORRIS TURCHIN A STREET ADDRESS 1480 CLEVELAND RD CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE VP	NAME THOMAS, TURCHIN S STREET ADDRESS 1480 CLEVELAND RD CITY-ST-ZIP MIAMI BEACH, FL 33141
TITLE STD	NAME TURCHING, THOMAS STREET ADDRESS 1480 CLEVELAND RD CITY-ST-ZIP MIAMI BEACH, FL 33141
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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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: _____ DATE: **2-8-06** DAYTIME PHONE: **305-573-7117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR