


**2007 FOR PROFIT CORPORATION:
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # P03000100670 1. Entity Name L3 FASHION INC.	
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Principal Place of Business 1480 CLEVELAND RD MIAMI BEACH, FL 33141	Mailing Address 1480 CLEVELAND RD MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P THERESA, MORRIS TURCHIN A 1480 CLEVELAND RD MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, TURCHIN S 1480 CLEVELAND RD MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURCHING, THOMAS 1480 CLEVELAND RD 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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02/20/07-80051-012 150.00

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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 _____ Date _____ Daytime Phone # _____