


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 697215**  
 1. Entity Name  
 FLORIDA TEXTILE SERVICES, INC.



Principal Place of Business: 222 POMPANO BEACH BLVD. POMPANO BEACH, FL 33062  
 Mailing Address: 222 POMPANO BEACH BLVD. POMPANO BEACH, FL 33062

**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-2118782  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCDIVITT, JOHN  
 1630 N. FEDERAL HWY.  
 POMPANO BEACH, FL 33307

**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 reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE: PD  
 NAME: TRASATTI, GARY A.  
 STREET ADDRESS: 2293 LOBLOLLY LANE  
 CITY-ST-ZIP: DEERFIELD BEACH, FL 33442

TITLE: T  
 NAME: TRASATTI, ARTHUR A.  
 STREET ADDRESS: 3500 GALT OCEAN DRIVE APT 2405  
 CITY-ST-ZIP: FORT LAUDERDALE, FL 33308

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
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 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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 04/18/05-80105-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] Date: 4/18/05 Daytime Phone #: 954943-3613