


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90125 010 \*\*\*150.00

**DOCUMENT # F00000001655**

1. Entity Name  
**LUCKY BRAND DUNGAREES STORES, INC.**




Principal Place of Business      Mailing Address  
**1 CLAIBORNE AVENUE, 8TH FLOOR**      **1 CLAIBORNE AVENUE, 8TH FLOOR**  
**NORTH BERGEN, NJ 07047**      **NORTH BERGEN, NJ 07047**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



08252004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**22-3687295**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> Delete
NAME	CHARRON, PAUL R	
STREET ADDRESS	1 CLAIBORNE AVENUE	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MONTESANO, GENE	
STREET ADDRESS	1 CLAIBORNE AVENUE	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERLMAN, BARRY	
STREET ADDRESS	1 CLAIBORNE AVENUE	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCARPA, MICHAEL	
STREET ADDRESS	1 CLAIBORNE AVENUE	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MERRILL, TRENT D	
STREET ADDRESS	1 CLAIBORNE AVENUE	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047	
TITLE	T	<input type="checkbox"/> Delete
NAME	VILL, ROBERT	
STREET ADDRESS	1 CLAIBORNE AVENUE	
CITY-ST-ZIP	NORTH BERGEN, NJ 07047	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption created 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: *Kevin M. Ballbar*      Date: 8/25/04      Daytime Phone: 201-295-7780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Kevin M. Ballbar*