


**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90027 022 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F04000000241  
 1. Entity Name  
 CHAOS MENS WEAR USA, INC.



Principal Place of Business Mailing Address  
 20725 NE 16TH AVE., UNIT A10-11  
 MIAMI, FL 33179-2100  
~~20725 NE 16TH AVE., UNIT A10-11~~  
~~MIAMI, FL 33179-2100~~

40001347



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 BOYD BLAKESBERG & CO  
 951 SW 4TH AVE

01102005 Chg-P CR2E034 (10/03)

City & State City & State  
 BOCA RATON, FL

4. FEI Number Applied For  
 20-0384468 Not Applicable

Zip Country Zip Country  
 33432

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

6. Name and Address of Current Registered Agent  
 BLAKESBERG, JON D  
 951 SW 4TH AVE  
 BOCA RATON, FL 33432-5803

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, SHLOMI 20725 NE 16TH AVE., UNIT A10-11 MIAMI, FL 331792100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONEN, GIL 20725 NE 16TH AVE., UNIT A10-11 MIAMI, FL 331792100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this form 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: \_\_\_\_\_ Date: 1/9/05 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR