

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State


03-22-2006 90022 017 ***150.00

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1. Entity Name
CHAOS MENS WEAR USA, INC.



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

Mailing Address
 C/O BLAKESBURG & CO
 951 SW 4TH AVE
 BOCA RATON, FL 33432

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
C/O BLAKESBURG & COMPANY
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

03062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0384468

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLAKESBURG, 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)

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	<input type="checkbox"/> Delete
NAME	COHEN, SHLOMI	
STREET ADDRESS	20725 NE 16TH AVE., UNIT A10-11	
CITY-ST-ZIP	MIAMI, FL 331792100	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RONEN, GIL	
STREET ADDRESS	20725 NE 16TH AVE., UNIT A10-11	
CITY-ST-ZIP	MIAMI, FL 331792100	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: GIL RONEN  **VP** 3/20/06 561_750-8300
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #