


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004705**  
 1. Entity Name  
**RETAIL BRAND ALLIANCE, INC.**



Principal Place of Business      Mailing Address  
**100 PHOENIX AVENUE**      **100 PHOENIX AVENUE**  
**ENFIELD, CT 06083-1700**      **ENFIELD, CT 06083-1700**

**DO NOT WRITE IN THIS SPACE**



01072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**51-0368883**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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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, 2004 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	COBP DEL VECCHIO, CLAUDIO 100 PHOENIX AVENUE ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD SHULMAN, MARK 100 PHOENIX AVENUE ENFIELD, CT 060831700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT BAUMANN, BRIAN 100 PHOENIX AVENUE ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRIEDLANDER, CAROLEE 100 PHOENIX AVENUE ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD FEOLA, EUGENE 100 PHOENIX AVE. ENFIELD, CT 06083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAPERNY, ALAN 100 PHOENIX AVENUE ENFIELD, CT 06083

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12. I hereby certify that the information supplied with this filing 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:  **Brian Baumann**      Date \_\_\_\_\_      Daytime Phone # **810-741-0771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR