


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000005956**

1. Entity Name  
 ATLANTIC HOSIERY & APPAREL, INC.



Principal Place of Business  
 4700 N.W. 132ND ST.  
 OPA LOCKA, FL 33054

Mailing Address  
 4700 N.W. 132ND ST.  
 OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0483828	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J  
 100 S.W. 2ND ST.  
 SUITE 3940  
 MIAMI, FL 33131

**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, 2004 Fee will be \$550.00**

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

U00000028263  
 02/04/04-80016-024 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEBOOK, DANIEL S 4700 N.W. 132ND ST. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KLODA, RUBEN 4700 N.W. 132ND ST. OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOTTLIEB, NEIL 4700 NW 132ND ST. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_  
 SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/27/04 Daytime Phone #: 305-685-7617