

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000005956  
 1. Entity Name  
 ATLANTIC HOSIERY & APPAREL, INC.



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

**DO NOT WRITE IN THIS SPACE**



01062005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0483828      Not Applicable

5. Certificate of Status Desired            \$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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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)(f), 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: 1/21/05      Daytime Phone # \_\_\_\_\_