


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90021 016 ***150.00

DOCUMENT # P98000103380
 1. Entity Name
LARGE APPAREL OF FLORIDA, INC.




Principal Place of Business Mailing Address
100 METRO WAY **100 METRO WAY**
SECAUCUS, NJ 07094 **SECAUCUS, NJ 07094**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01062004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
22-3622209 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

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 _____ (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

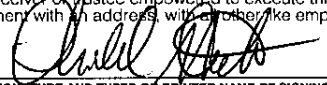
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	KLEIN, JEFFREY A	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE	EVAS	<input checked="" type="checkbox"/> Delete
NAME	LAMB, STEVEN J OFO	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLAND, ROBERT G	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ABATE, MICHAEL A	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISTOPHE, CLEVELAND	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DARRYL	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	

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	CFO / SR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE FELDMAN	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE	CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETHAN SHAPIRO	
STREET ADDRESS	100 METRO WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07094	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABATE, MICHAEL A	
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 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 another, like empowered.

SIGNATURE:  **MICHAEL A. ABATE**
 Vice President/Treasurer 1/28/04 201-319-9093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #