

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
**100 PHOENIX AVENUE
 ENFIELD, CT 06083-1700**

Mailing Address
**100 PHOENIX AVENUE
 ENFIELD, CT 06083-1700**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **51-0368883** Applied For
 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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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 **COBP**
 NAME **DEL VECCHIO, CLAUDIO**
 STREET ADDRESS **100 PHOENIX AVENUE**
 CITY-ST-ZIP **ENFIELD, CT 06083**

TITLE **COOD**
 NAME **SHULMAN, MARK**
 STREET ADDRESS **100 PHOENIX AVENUE**
 CITY-ST-ZIP **ENFIELD, CT 060831700**

TITLE **CFOT**
 NAME **BAUMANN, BRIAN**
 STREET ADDRESS **100 PHOENIX AVENUE**
 CITY-ST-ZIP **ENFIELD, CT 06083**

TITLE **DV**
 NAME **FRIEDLANDER, CAROLEE**
 STREET ADDRESS **100 PHOENIX AVENUE**
 CITY-ST-ZIP **ENFIELD, CT 06083**

TITLE **SVD**
 NAME **FEOLA, EUGENE**
 STREET ADDRESS **100 PHOENIX AVE.**
 CITY-ST-ZIP **ENFIELD, CT 06083**

TITLE **AS**
 NAME **BAPERNY, ALAN**
 STREET ADDRESS **100 PHOENIX AVENUE**
 CITY-ST-ZIP **ENFIELD, CT 06083**

U00000007285
 01/20/04-80017-011 150.00

**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: _____

Brian Baumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

860-741-0771
 Daytime Phone #