

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 002 ***150.00

DOCUMENT # P98000065100 1. Entity Name A.M.E.'S UNIFORMS, INC.			
Principal Place of Business 2510 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311		Mailing Address 2510 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311	
2. Principal Place of Business - No P.O. Box # 700 NW 57th Place Suite, Apt. #, etc.		3. Mailing Address 700 NW 57th Place Suite, Apt. #, etc.	
City & State FT LAUDERDALE FL Zip 33309 Country		City & State FT LAUDERDALE FL Zip 33309 Country	
4. FEI Number 65-0852524		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORST, MARK D 2510 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name FORST, MARK D Street Address (P.O. Box Number is Not Acceptable) 700 NW 57th Place City FT LAUDERDALE FL Zip Code 33309	
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: <u><i>Mark D. Forst</i></u> (MARK D FORST) 2/23/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FORST, MELVIN R 23342 TORRE CIRCLE BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORST, MARK D 2411 MONROE ST #4 HOLLYWOOD, FL 33020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FORST, MARK D 4215 HAYES ST HOLLYWOOD, FL 33021 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Mark D. Forst</i></u> (MARK D. FORST) 2/23/07 954 739 7507 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			