

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000051338

**Entity Name:** 4 SEASONS CLOTHING CO

**Current Principal Place of Business:**

7869 SW 5TH STREET  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

7869 SW 5TH STREET  
NORTH LAUDERDALE, FL 33068 US

**FEI Number:** 88-2654567

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OMEALLY, SEKANI  
7869 SW 5TH STREET  
NORTH LAUDERDALE, FL 33068 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name OMEALLY, SEKANI  
Address 7869 SW 5TH STREET  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title P  
Name OMEALLY, JAHLANI  
Address 7869 SW 5TH ST  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title VP  
Name OMEALLY, BRIAN  
Address 7869 SW 5TH ST  
City-State-Zip: NORTHLAUDERDALE FL 33068

Title VP  
Name OMEALLY, TAMAR  
Address 7869 SW 5TH ST  
City-State-Zip: NORTHLAUDERDALE FL 33068

Title VP  
Name OMEALLY, CHEVAUN  
Address 7869 SW 5TH ST  
City-State-Zip: NORTHLAUDERDALE FL 33068

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEKANI OMEALLY

**PRESIDENT**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date