

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90043 004 ***150.00

DOCUMENT # 181638

1. Entity Name

LORD DANIEL SPORTSWEAR INC



Principal Place of Business

11920 N.W. 87 CT.
HIALEAH GARDENS
HIALEAH GARDENS FL 33016

Mailing Address

11920 N.W. 87 CT.
HIALEAH GARDENS
HIALEAH GARDENS FL 33016

2. Principal Place of Business

801 Shotgun Road

Suite, Apt. #, etc.

3. Mailing Address

801 Shotgun Road

Suite, Apt. #, etc.

City & State

Sunrise Florida

City & State

Sunrise Florida

Zip

33326

Country

Broward

Zip

33326

Country

Broward

4. FEI Number

59-0738615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STERN, BRETT
11920 N.W. 87 CT.
HIALEAH GARDENS FL 33018

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **STERN, DIANE**
CITY-ST-ZIP **11920 N.W. 87 CT.**
HIALEAH GARDENS FL

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **STERN, STEPHEN**
CITY-ST-ZIP **11920 N.W. 87 CT.**
HIALEAH GARDENS FL

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **STERN, BRETT**
CITY-ST-ZIP **11920 NW 87TH COURT**
HIALEAH GARDENS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR