

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

1. Entity Name  
FASHION CLOTHIERS, INC.



2650 NW 5 AVENUE  
MIAMI, FL 33127

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MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**



01172005 No Chg-P CR2E034 (10/03)

59-1039666

Not Applicable

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, SHELDON  
2650 NW 5 AVE  
MIAMI, FL 33127

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLOOM, SHELDON
STREET ADDRESS	2650 N.W. 5 AVE.
CITY-ST-ZIP	MIAMI, FL

TITLE	ST
NAME	FREEDMAN, LINDA B
STREET ADDRESS	2650 N.W. 5 AVE.
CITY-ST-ZIP	MIAMI, FL

TITLE	VP
NAME	BLOOM, ENETEA
STREET ADDRESS	2650 NW 5TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000220968  
02/09/05-80012-019 150.00

**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)(f), 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 SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #