

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90029 023 \*\*\*150.00

**DOCUMENT # 336344**

1. Entity Name

FLORIDA THREAD AND TRIMMINGS, CORP.



Principal Place of Business

3150 E 11TH AVE  
HIALEAH FL 33013

Mailing Address

3150 E 11TH AVE  
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1258037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEIN, ERWIN  
1555 LACOSTA DR WEST  
PEMBROKE PINES FL 33027

N  
S  
C  
FEIN, ALAN  
843 SW 118 TERRACE  
DAVIE, FL 33325

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

3-8-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004, 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

11.

ADDITIONAL DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME FEIN, ERWIN  
STREET ADDRESS 1555 LACOSTA DR W  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE PD ☒ Change ☐ Addition  
NAME FEIN, ALAN  
STREET ADDRESS 843 SW 118 TERRACE  
CITY-ST-ZIP DAVIE, FL 33325

TITLE V ☒ Delete  
NAME FEIN, ALAN  
STREET ADDRESS 843 S.W. 118 TERRACE  
CITY-ST-ZIP DAVIE FL 33325

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

TITLE ST ☐ Delete  
NAME FEIN, ROBERT  
STREET ADDRESS 19934 NE 5 CT  
CITY-ST-ZIP MIAMI FL 33179

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

305 694 8518

Daytime Phone #