


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 479205</b> 1. Entity Name DELTA KNITWEAR, INC.	
--	---

Principal Place of Business 4600 NW 128TH ST ROAD MIAMI, FL 33054 US	Mailing Address 4600 NW 128TH ST. ROAD MIAMI, FL 33054 US
--	---

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1609813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BURTSYN, GEORGE 4600 NW 128TH ST. ROAD MIAMI, FL 33054	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		<p>000000043857 02/10/04-80081-014 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURSTYN, GEORGE 4600 NW 128TH ST ROAD MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURSTYN, RUTH 4600 NW 128TH ST ROAD MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TAMIR, OFER 4600 NW 128TH ST. ROAD MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERS, STEVE 4600 NW 128TH STREET RD MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVERS, KAREN 4600 NW 128TH ST RD MIAMI, FL	
TITLE 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)(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> OFER TAMIR, CEO	2/4/04 <small>Date</small>	305-688-6360 <small>Daytime Phone #</small>
--	-------------------------------	--