2006 FOR PROFIT CORPORATION *

FILED **ANNUAL REPORT** Jan 27, 2006 08:00 AN **DOCUMENT # 688240 Secretary of State** 1. Entity Name M. KESTEN APPAREL FOR MEN, INC. Principal Place of Business Mailing Address **6773 MANATEE** 6773 MANATEE AVE W BRADENTON, FL 34209 US BRADENTON, FL 34209 US 01202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2023079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KESTEN, MURRAY A., JR DO NOT WRITE 6773 MANATEE AVE W BRADENTON, FL 34209 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000402722 Trust Fund Contribution. Added to Fees 02/03/06-80019-014 OFFICERS AND DIRECTORS 10. DVS TITLE NAME KESTEN, CAROL L STREET ADDRESS 6703 ARBOR OAKS DR CITY-ST-ZIP BRADENTON, FL 34209 PDT KESTEN, MURRAY A. JR NAME STREET ADDRESS 6703 ARBOR OAKS DR BRADENTON, FL 34209 CITY-ST-ZIF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 skeptite 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 wi

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS