

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90114 034 ***150.00

DOCUMENT # F00000004127

1. Entity Name
THE PANTS SET, INC.



Principal Place of Business
**146 HANJE AVE
FREEPORT, NY 11520 US**

Mailing Address
**146 HANJE AVE
FREEPORT, NY 11520 US**

40040302



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2667258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SIEGEL, WILLIAM R
STREET ADDRESS	104 ANCHORAGE WAY
CITY-ST-ZIP	FREEPORT, NY 11520
TITLE	S
NAME	LUBEL, RONALD
STREET ADDRESS	25 ARVINGTON CT
CITY-ST-ZIP	EAST HILLS, NY 11576
TITLE	P
NAME	COHEN, ALAN R
STREET ADDRESS	12 SCARBOROUGH
CITY-ST-ZIP	SMITHTOWN, NY 11787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

PR **3/20/06** **5168676200**
Date Daytime Phone #