


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000000983**


1. Entity Name  
FOREVER 21 RETAIL, INC.



Principal Place of Business      Mailing Address

2001 SOUTH ALAMEDA STREET      2001 SOUTH ALAMEDA STREET  
LOS ANGELES, CA 90058      LOS ANGELES, CA 90058

**DO NOT WRITE IN THIS SPACE**



01042005    No Chg-P    CR2E034 (10/03)

4. FEI Number 68-0367150	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

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

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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: \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHANG, DO W 2001 SOUTH ALAMEDA STREET LOS ANGELES, CA 90058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANG, JIN S 2001 SOUTH ALAMEDA STREET LOS ANGELES, CA 90058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEYER, LAWRENCE 2001 SOUTH ALAMEDA STREET LOS ANGELES, CA 90058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MEYER, LAWRENCE 2001 SOUTH ALAMEDA STREET LOS ANGELES, CA 90058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIM, JONG SUNG 2001 SOUTH ALAMEDA STREET LOS ANGELES, CA 90058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000188721  
01/24/05-80066-018 150.00

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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 reports 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: \_\_\_\_\_      Date: 1-5-05      Daytime Phone #: (213) 741-5135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR