

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # F04000006702**

1. Entity Name  
**AMERICAN APPAREL RETAIL, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL -6 AM 10:42

Principal Place of Business  
**747 WAREHOUSE STREET  
LOS ANGELES, CA 90021**

Mailing Address  
**747 WAREHOUSE STREET  
LOS ANGELES, CA 90021**



06282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**72-1577829**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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  
**CDP  
CHARNEY, DOV  
747 WAREHOUSE STREET  
LOS ANGELES, CA 90021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
LIM, SANG H  
747 WAREHOUSE STREET  
LOS ANGELES, CA 90021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**800077388108  
07/12/06--01027--002 \*\*8.75**

**800077388108  
07/12/06--01027--001 \*\*550.00**

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:** \_\_\_\_\_ **June 28, 2006** **213-488-0226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Dov Charney**