2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90855 044 ***150.00 **DOCUMENT # F04000006702** 1. Entity Name AMERICAN APPAREL RETAIL, INC. 400000--Principal Place of Business Mailing Address 747 WAREHOUSE STREET 747 WAREHOUSE STREET LOS ANGELES, CA 90021 LOS ANGELES, CA 90021 No Chg-P CR2E034 (11/05) 02192007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 72-1577829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE SUITE 4 IN THIS SPACE WESTON, FL 33331 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. CDP TITLE CHARNEY, DOV NAME 747 WAREHOUSE STREET STREET ADDRESS LOS ANGELES, CA 90021 CITY - ST- ZIP DS TITLE LIM. SANG H NAME 747 WAREHOUSE STREET STREET ADDRESS LOS ANGELES, CA 90021 CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

21	വ	M.	۸	TI	1	D	E	

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED