2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F04000006702



1. Entity Name AMERICAN APPAREL RETAIL, INC. 60032192 Principal Place of Business Mailing Address 747 WAREHOUSE STREET 747 WAREHOUSE STREET LOS ANGELES, CA 90021 LOS ANGELES, CA 90021 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04242008 Chg-P City & State City & State 4. FFI Number Applied For 72-1577829 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE **SUITE 4** WESTON, FL 33331 City Zip Code 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, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CDP ☐ Delete TITLE ☐ Change Addition TITLE NAME CHARNEY, DOV NAME 747 WAREHOUSE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES, CA 90021 Secretary Joyce E. Crucillo 747 Ware House Street Delete TITLE DS TITLE Change Addition LIM, SANG H NAME 747 WAREHOUSE STREET STREET ADDRESS STREET ADORESS os Angeles, CA 90021 LOS ANGELES, CA 90021 CITY-ST-ZIP CITY-ST-7IP Chief Financial OfficeR Delete TITLE ☐ Change Addition TITLE NAME NAME IRREHOUSE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718

12. I hereby 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 on 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:

FILED Apr 30, 2008 8:00 am Secretary of State

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