FOR PROFIT CORPORATION ANNUAL REPORT

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2010 JUN 14 P 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F90574

1. Entity Name

LAURA KNIT COLLECTION, INC.

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300182043283
06/14/10--01014--001 **185.00

CR2E034B (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
14800 NW 60 AVE	14800 NW 60 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number: 59-2766711 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SIEGEL, STEPHEN S., ESQ.

Street Address (P.O. Box Number is Not Acceptable): 14100 PALMETTO FRONTAGE ROAD

SUITE 102

City: MIAMI LAKES FL Zip Code: 33016

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: STEPHEN S. SIEGEL, ESQ. 6-8-2010

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FEUER, JOSEPH
STREET ADDRESS	3224 NE 167TH ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FEUER, PRESIDENT 6/8/2010 (305) 945-5150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #