

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90023 006 ***550.00

DOCUMENT # F92000000124

1. Entity Name
STUART WEITZMAN, INC.



Principal Place of Business
**2400 EAST COMMERCIAL BLVD
SUITE 506
FT. LAUDERDALE, FL 33308 US**

Mailing Address
**2400 EAST COMMERCIAL BLVD
SUITE 506
FT. LAUDERDALE, FL 33308 US**

54061546



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0366394

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**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 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEITZMAN, STUART
STREET ADDRESS	169 TACONIC ROAD
CITY-ST-ZIP	GREENWICH, CT 06831
TITLE	S
NAME	LIGUORI, JUDY
STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 506
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	T
NAME	KODROFF, PHILIP
STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 506
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	WEITZMAN, JANE
STREET ADDRESS	169 TACONIC ROAD
CITY-ST-ZIP	GREENWICH, CT 06831
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip Kodroff

7/6/04

954-484-0171