



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90074 007 ***150.00

DOCUMENT # F96000006540 1. Entity Name BUGATCHI UOMO APPAREL, INC.					
Principal Place of Business 526-528 NW 77TH ST BOCA RATON, FL 33487 US				Mailing Address 526-528 NW 77TH ST BOCA RATON, FL 33487 US	
2. Principal Place of Business 1377 CLINT MOORE RD SUITE 200 BOCA RATON, FL		3. Mailing Address 1377 CLINT MOORE RD SUITE 200 BOCA RATON, FL			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0710886	
Zip 33487		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REVAH, CECILE 526-528 NW 77TH STREET BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name REVAH, CECILE Street Address (P.O. Box Number is Not Acceptable) 1377 CLINT MOORE RD SUITE 200 BOCA RATON, FL 33487	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSC REVAH, CECILE 526-528 NW 77TH ST BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO REVAH, CECILE 526-528 NW 77TH ST BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSC REVAH, CECILE 1377 CLINT MOORE RD, SUITE 200 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCEO CECILE REVAH 1377 CLINT MOORE RD, SUITE 200 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>CECILE REVAH</u> <u>March 15/05</u> (561) 893-0555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					