

**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      Mailing Address

526-528 NW 77TH ST      526-528 NW 77TH ST  
 BOCA RATON, FL 33487 US      BOCA RATON, FL 33487 US

2. Principal Place of Business      3. Mailing Address

*1377 CLINT MOORE RD*      *1377 CLINT MOORE RD*

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*SUITE 200*      *SUITE 200*

City & State      City & State

*BOCA RATON, FL*      *BOCA RATON, FL*

Zip      Country      Zip      Country

*33487*      *USA*      *33487*      *USA*



03152005      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

REVAH, CECILE  
 526-528 NW 77TH STREET  
 BOCA RATON, FL 33487

4. FEI Number      Applied For

65-0710886      Not Applicable

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

    

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*

City      State      Zip Code  
*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.            \$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	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 REVAH, CECILE 526-528 NW 77TH ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete	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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *CECILE REVAH*      *March 18, 2005*      *(561) 893-0555*

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