

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000006540

1. Entity Name
BUGATCHI UOMO APPAREL, INC.



Principal Place of Business

**1377 CLINT MOORE RD
SUITE 200
BOCA RATON, FL 33487 US**

Mailing Address

**1377 CLINT MOORE RD
SUITE 200
BOCA RATON, FL 33487 US**

DO NOT WRITE IN THIS SPACE



03292006

No Chg-P

CR2E034 (11/05)

4. FEI Number
65-0710886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REVAH, CECILE
1377 CLINT MOORE RD
SUITE 200
BOCA RATON, FL 33487**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEES \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000514464
04/29/06-80173-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSC
REVAH, CECILE
1377 CLINT MOORE RD SUITE 200
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCEO
REVAH, CECILE
1377 CLINT MOORE RD SUITE 200
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

March 31/06 561-839-9520
Date Daytime Phone #