



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # H981111 1. Entity Name RICH FORMAL WEAR, INC.	
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Principal Place of Business % MICHAEL SCHIFFRIN, ESQ. 1700 NORTH STATE RD. 7 HOLLYWOOD, FL 33021	Mailing Address % MICHAEL SCHIFFRIN, ESQ. 1700 NORTH STATE RD. 7 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

	
02102005	No Chg-P CR2E034 (10/03)
4. FEI Number 59-2643030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBS, RITCHIE 1700 N SR 7 HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, RITCHIE 12305 PASEO WAY COOPER CITY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBS, BERNARD 7119 S.W. 26TH COURT DAVIE, FL	
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		

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: 	Date: 2-12-05	Daytime Phone #: 954 966 1944
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