2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J07578

1. Entity Name
SID'S MEN'S FASHIONS, INC.

FILED
04 OCT -1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
777 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952	777 E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952

09222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2689942
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAHAM, SIDNEY M
1227 SOUTH FLORIDA AVENUE
777 MERRITT ISLAND CAUSWAY
MERRITT ISLAND, FL 32952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated.

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ABRAHAM, MOHAMMED IHAB
STREET ADDRESS	1288 ST. ANDREWS DR.
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	P
NAME	ABRAHAM, SIHAM S.
STREET ADDRESS	1288 ST. ANDREWS DR.
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	S
NAME	ABRAHAM, SIDNEY M.
STREET ADDRESS	1288 ST. ANDREWS DR.
CITY-ST-ZIP	ROCKLEDGE, FL
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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10/04/04--01043-009 **150.00

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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: _____ 9/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #