

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90465 050 \*\*\*150.00

<b>DOCUMENT # K90761</b> 1. Entity Name <b>BURLINGTON COAT FACTORY WAREHOUSE OF FLORIDA, INC.</b>					
Principal Place of Business <b>6000 LAKE GRAY BLVD. ORANGE PARK, FL 32244 US</b>			Mailing Address <b>BURLINGTON COAT FACTORY #148 % TAX DEPT. 1830 ROUTE 130 N. BURLINGTON, NJ 08016</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>58-1846180</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SEALE, WADE % BURLINGTON COAT FACTORY 25813 ROUTE 19 N. CLEARWATER, FL 33763</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILSTEIN, MONROE 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS TANG, PAUL 1830 RT 130N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV MILSTEIN, ANDREW 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LE PENTA, ROBERT L 1830 ROUTE 130 NORTH BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV MILSTEIN, STEPHEN E 180 ROUTE 130 N. BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LA PENTA, ROBERT L.	<input checked="" 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.					
<b>SIGNATURE: X</b> <i>Robert L. La Penta</i> <b>VP/CFO</b> <b>ROBERT L. LA PENTA</b> <b>4-30-2005</b> <b>609-387-7800</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					