

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # M11229

1. Entity Name
SPEC SPORTSWEAR INC.



Principal Place of Business
**591 N UNIVERSITY DR
PLANTATION, FL 33324 US**

Mailing Address
**591 N. UNIVERSITY DR.
PLANTATION, FL 33324 US**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2509265

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANDELL, PAULETTE
591 NORTH UNIVERSITY DRIVE
PLANTATION, FL 33324**

**DO NOT WRITE
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!!! 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANDELL, PAULETTE 591 NORTH UNIVERSITY DR. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL JOEL 591 NO UNIVERSITY DR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANDELL, MARK 591 NO UNIVERSITY DR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/24/05-80062-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Joel Mandell V.P.
JOEL MANDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
Date

954-472-8046
Daytime Phone #