2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M17577

1. Entity Name
NINO'S FINE CLOTHING, INC.

Principal Place of Business	Mailing Address
2326 UNIVERSITY DR.	2326 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US	CORAL SPRINGS, FL 33065 US

DO NOT WRITE IN THIS SPACE

03262004

4. FEI Number	Applied For
59-2584436	Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

FURNO, ANTONIO
6444 NORTH WEST 43RD STREET
CORAL SPRINGS, FL 33067

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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00**	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FURNO, ANTONIO
STREET ADDRESS	2326 UNIVERSITY DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	STD
NAME	FURNO, M. CRISTINA
STREET ADDRESS	2326 UNIVERSITY DR.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

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	

U00000132151
04/27/04-80035-012 150.00

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: _____ 4-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #