

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000016428

1. Entity Name
CORPORATE IMAGE LEATHER, INC.



Principal Place of Business
1409 SE 1ST AVENUE
FT LAUDERDALE, FL 33316

Mailing Address
1409 SE 1ST AVENUE
FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0988261

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVITT, PRESTON C ESQ
8211 W BROWARD BLVD., PH 4
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, 2004 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
DPTS
LITRIDES, KIMBERLY PFAFF
1409 SE 1ST AVENUE
FT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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01/16/04-80037-018 158.75

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY P. LITRIDES

1/13/04 954500-5040
Day Daytime Phone #