

**2005 FOR PROFIT CORPORATION**  
**ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000025554

1. Entity Name

PRIVATE LABEL APPAREL INC.



Principal Place of Business

630 NE 40TH ST.  
 FT. LAUDERDALE FL 33334  
 US

Mailing Address

630 NE 40TH ST.  
 FT. LAUDERDALE FL 33334  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0988221

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, JOEL  
 630 NE 40TH ST.  
 FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 VP  
 RABINOVITZ, DAVID A  
 630 NE 40TH STREET  
 FORT LAUDERDALE FL 33334 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Change ☐ Addition  
 U000000290412  
 04/06/05-80065-009 158.75

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 P  
 LOPEZ, JOEL  
 630 NE 40TH STREET  
 FORT LAUDERDALE FL 33334 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

Date

Signature Block #

*Joel Lopez - President / owner* 4/3/05