

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 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 630 NE 40TH ST. Suite, Apt. #, etc.		3. Mailing Address 630 NE 40TH ST. Suite, Apt. #, etc.			
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL		4. FEI Number 65-0988221	
Zip 33334 Country USA		Zip 33334 Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOEL 630 NE 40TH ST. FT. LAUDERDALE FL 33334				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. ☐ Added to Fee	
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 ☐ Add
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	U00000443344 03/06/06-80002-019 158.75 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>JOEL LOPEZ</u> JOEL LOPEZ - President 02-20-06 954-564-6187					