

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90206 022 ***150.00

DOCUMENT # P00000058168

1. Entity Name
RHYTHM CLOTHIERS, INC.



Principal Place of Business
**THE PALLADIUM AT CITY PLACE
477 S. ROSEMARY AVENUE, SUITE 191
W. PALM BEACH, FL 33401**

Mailing Address
**THE PALLADIUM AT CITY PLACE
477 S. ROSEMARY AVENUE, SUITE 191
W. PALM BEACH, FL 33401**

14005929



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1013850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, THOMAS
477 SOUTH ROSEMARY AVENUE
STE 191
WEST PALM BEACH, FL 33401**

**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	DVPT
NAME	DICKINSON, THOMAS
STREET ADDRESS	477 SOUTH ROSEMARY AVENUE STE 191
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	DPS
NAME	NOVOA, GERRARDO
STREET ADDRESS	477 SOUTH ROSEMARY AVENUE STE 191
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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: Thomas Dickinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TR 4-13-2005

Date **4-13-2005** Daytime Phone # **561-833-7677**