

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 8:00 am
Secretary of State**

03-01-2006 90019 005 ***150.00

DOCUMENT # P00000060208

1. Entity Name
ITALIAN SUIT BROKERS, INC.



Principal Place of Business
**356 MIRACLE MILE
CORAL GABLES, FL 33134**

Mailing Address
**8803 S.W. 132ND STREET
MIAMI, FL 33176**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ESTRELLA, EVELIO A
8803 SW 132 ST.
MIAMI, FL 33176**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------|
| TITLE | D |
| NAME | ESTRELLA, EVELIO |
| STREET ADDRESS | 8803 SW 132 ST |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | D |
| NAME | CAMERA, CARMELO |
| STREET ADDRESS | 8803 SW 132 ST |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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 exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/06 (305) 251-1056



ATTACHMENT
66006436

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

ITALIAN SUIT BROKERS, INC.
8803 S.W. 132ND STREET
MIAMI, FL 33176

Subject: ITALIAN SUIT BROKERS, INC.

Reference Number: P00000060208

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION