2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000062172

1. Entity Name
FLORIDA CLOSET FACTORY, INC.

Principal Place of Business	Mailing Address
3389 SHERIDAN ST #479 HOLLYWOOD, FL 33021 US	3389 SHERIDAN ST #479 HOLLYWOOD, FL 33021 US

03172005 No Chg-P :R2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Num
65-1023878
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALMONOVITZ, YACOV
5925 RAVENSWOOD RD D-20
DANIA, FL 33312

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fee

OFFICERS AND DIRECTORS

TITLE	D
NAME	SALMONOVITZ, YACOV
STREET ADDRESS	3837 SW 53 PL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	SALMONOVITZ, ALIZA
STREET ADDRESS	3837 SW 53 PL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: YACOV SALOMONOVITZ 3-29-05 954-981-1781
SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #