2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or it changed, or on an attachment we

SIGNATURE:

Mar 09, 2006 08:00 AM DOCUMENT # P00000079900 **Secretary of State** 1. Entity Name ANGELO MEN'S CLOTHING & TAILOR, INC. Mailing Address Principal Place of Business 33955 US 19 NO PALM HARBOR FL 34684 33955 US 19 NO PALM HARBOR FL 34684 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3667502 Not Applicat Country Country \$8.75 Additional Zιρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEPERGOLA, ANGELO Street Address (P.O. Box Number is Not Acceptable) 33955 US 19 NO. PALM HARBOR FL 34684 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 pagistered agent SIGNATURE of registered agent and life it applicable (NOTE: Registered Agent argustons impuned when rematating) UALC FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May I After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10 ☐ Change ☐ Addin ☐ Defete THLE MANT NAME DE PERGOLA, ANGELO U000000460984 STREET ADDRESS 33955 US 19 NO STREET ADDRESS PALM HARBOR FL 34684 City-St-ZP 03/20/06-80032-009 158.75 CITY-ST-ZIP □.... ☐ Delete TiiLL Change TITLE NAME HAME STREET ADDRESS STREET ADDRESS City-St-ZIP CHY-SI-71P ☐ Change \square f^{**} ☐ Detete mu mu NAMA MAME STREET ADDRESS STREET AUDRESS CSTY - ST-7IP CHY-ST-ZIP Change ET Adv TITLE ☐ Defete TITLE NAME NAME STRECT ADDRESS STRECT ADDRESS CITY-ST-27P City-ST-ZiP Change . □ A∆ TITLE Delete TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP ☐ Change Dile ☐ Delete mu □ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 cath, that I am an officer or direction of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 10 or Block 1 if changed, or on an attackment with an address, with all other the suppowered.

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