

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2005
Secretary of State**

DOCUMENT# P00000100451

Entity Name: CLOSET MAVEN, INC.

Current Principal Place of Business:

New Principal Place of Business:

1717 SW 1ST WAY UNIT 35
DEERFIELD BEACH, FL 33441

Current Mailing Address:

New Mailing Address:

1717 SW 1ST WAY UNIT 35
DEERFIELD BEACH, FL 33441

FEI Number: 65-1056188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTALDI, LAWRENCE
1717 SW 1ST WAY UNIT 35
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTALDI, LAWRENCE
Address: 1717 SW 1ST WAY UNIT 35
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE CASTALDI

D

07/08/2005

Electronic Signature of Signing Officer or Director

Date