

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90464 031 \*\*\*150.00

<b>DOCUMENT # P01000051208</b>					
<b>1. Entity Name</b> BURLINGTON COAT FACTORY WAREHOUSE OF BRADENTON, INC.					
<b>Principal Place of Business</b> 1830 RT. 130 NORTH C/O TAX DEPT. BURLINGTON, NJ 08016			<b>Mailing Address</b> 1830 RT. 130 NORTH C/O TAX DEPT. BURLINGTON, NJ 08016		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  SEALE, WADE BURLINGTON COAT FACTORY 25813 ROUTE 19 N. CLEARWATER, FL 33763			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP MILSTEIN, MONROE G CEO <input type="checkbox"/> Delete 1830 RT 130 NORTH BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILSTEIN, ANDREW R. <input type="checkbox"/> Delete 1830 RT 130 NORTH BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILSTEIN, ANDREW R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TANG, PAUL <input type="checkbox"/> Delete 1830 RT 130 NORTH BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NESCI, MARK <input type="checkbox"/> Delete 1830 RT 130 NORTH BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILSTEIN, STEPHEN E <input type="checkbox"/> Delete 1830 RT 130 NORTH BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LA PENTA, ROBERT L <input type="checkbox"/> Delete 1830 RT 130 NORTH BURLINGTON, NJ 08016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			CFO ROBERT L. LA PENTA 4-20-2005 609.387.7800		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		