2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90094 038 ***150.00

DOCUMENT # P01000068294

1. Entity Name
LEVITICAL APPAREL, INCORPORATED

Principal Place of Business	Mailing Address
285 NW 199TH ST. BLDG. B, STE #104 MIAMI, FL 33169	11020 PEMBROKE ROAD #189 MIRAMAR, FL 33025

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6515 Taft Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State:
Zip: 33024 Country: U.S.A	Zip: Country:

4. FEI Number: 01-0565088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAIRSTON, ELIZABETH A 285 NW 199 ST. BLDG. B, STE #104 MIAMI, FL 33169 Address change only 10717 South Preserve Way 3-306 Miramar, Fl. 33024	Name: Street Address (P.O. Box Number is Not Acceptable): 10717 South Preserve Way 3-306 City: miramar FL Zip Code: 33024

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: Elizabeth Hairston DATE: 4/28/05
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 $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	HAIRSTON, ELIZABETH A		NAME		
STREET ADDRESS	~~285 NW 199ST, BL B, 104~~		STREET ADDRESS	10717 South Preserve Way 3-306	
CITY-ST-ZIP	~~MIAMI, FL 33169~~		CITY-ST-ZIP	Miramar, Florida 33025	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Elizabeth Hairston Elizabeth Hairston 4/28/05 954-240-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #