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Secretary of State
01-26-2006 90047 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000071522

1. Entity Name
UFFNER TEXTILE CORPORATION

Principal Place of Business	Mailing Address
2035 N.E. 151 ST NORTH MIAMI BEACH, FL 33162	2035 N.E. 151 ST NORTH MIAMI BEACH, FL 33162

66002082

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1122738
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UFFNER, STUART P
1050 NE 202 TERR
MIAMI, FL 33179

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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: Judith Uffner 1/20/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P/OD
NAME	UFFNER, STUART P
STREET ADDRESS	1050 NE 202 TERR
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VP
NAME	UFFNER, JUDITH
STREET ADDRESS	5660 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	DIR
NAME	UFFNER, JEROME H
STREET ADDRESS	5660 COLLINS AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 exemptions contained in Chapter 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 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: Judith Uffner 2/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR Date Daytime Phone #