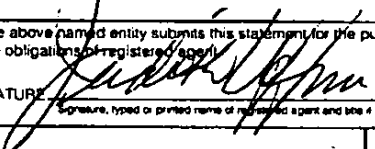
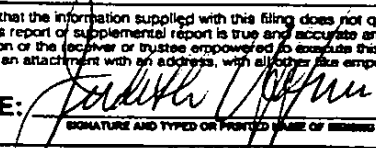


FILED
Feb 22, 2006 8:00 am
Secretary of State

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 2035 N.E. 151 ST NORTH MIAMI BEACH, FL 33162		Mailing Address 2035 N.E. 151 ST NORTH MIAMI BEACH, FL 33162
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent UFFNER, STUART P 1050 NE 202 TERR MIAMI, FL 33179		66002082  01092006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-1122738 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		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:  DATE: 1/20/06 (NOTE: Registered Agent signature required when reappointing)
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/OD UFFNER, STUART P 1050 NE 202 TERR MIAMI, FL 33179	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UFFNER, JUDITH 5660 COLLINS AVENUE MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR UFFNER, JEROME H 5660 COLLINS AVE MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  DATE: 2/17/06 SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		