

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000072986

1. Entity Name
N.Y. MEN'S FASHION, INC.



Principal Place of Business

NY MEN'S FASHION
6123 SILVER STAR RD
ORLANDO, FL 32808

Mailing Address

1023 VALENCIA TOWN TR.
303
ORLANDO, FL 32825



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3733154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAJEEB, BALSAM
1023 VALENCIA TOWN TR.
303
ORLANDO, FL 32825

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000062590
02/23/04-80127-025 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME NAJEEB, BALSAM
STREET ADDRESS 1023 VALENCIA TOWN TR. #303
CITY-ST-ZIP ORLANDO, FL 32825

TITLE V
NAME ABU-KHDAIR, YESSARA
STREET ADDRESS 1023 VALENCIA TOWN TR. #303
CITY-ST-ZIP ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

407-293-6868

Daytime Phone #