


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000095470	
1. Entity Name HAROLD MARKOWITZ FABRICS & TRIMS, INC.	

Principal Place of Business 8326 BONITA ISLE DR LAKE WORTH, FL 33467	Mailing Address 8326 BONITA ISLE DR LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1120162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARKOWITZ, SYLVIA
8326 BONITA ISLE DR.
LAKE WORTH, FL 33467

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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 Harold Markowitz Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOWITZ, HAROLD 8326 BONITA ISLE DR LAKE WORTH, FL 33467
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03/31/04-80001-016 150.00

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: Harold Markowitz SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** _____ **Daytime Phone #** _____