

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90161 045 ***150.00

DOCUMENT # P01000114021

1. Entity Name

M.G. MENSWEAR BRANDS INC.



Principal Place of Business

5250 INTERNATIONAL DR.
#416
ORLANDO FL 32819

Mailing Address

11697 QUIET WATERSLANE
BOCA RATON FL 33428



2. Principal Place of Business - No P.O. Box #

5770 W. IRLA BRONSON MEM. HWY

3. Mailing Address

Suite, Apt. #, etc.
165

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State

Zip
34746

Country
USA

Zip

Country

4. FEI Number
59-3759222

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLD, STUART
11697 QUIET WATERS LANE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
Margie Gold

Street Address (P.O. Box Number is Not Acceptable)
11697 Quiet Waters Lane

City
Boca Raton

FL Zip Code
33428

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

Stuart Gold

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOLD, MARGIE
11697 QUIET WATERS LN
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOLD, STUART
11697 QUIET WATERS LANE
BOCA RATON FL 33428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Margie Gold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08 561-350-7958

Date

Daytime Phone