


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000049855</b> 1. Entity Name MICROFLOCK TEXTILE GROUP CORPORATION	
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Principal Place of Business 2297 NE 16TH STREET NORTH MIAMI BEACH, FL 33160	Mailing Address 2297 NE 16TH STREET NORTH MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0720130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BAREK, STEVE  
1001 N.E. 176TH TERRACE  
MIAMI, FL 33162

**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, 2005 Fee will be \$550.00**

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	PD BAREK, STEVE 1001 N.E. 176TH TERRACE MIAMI, FL 33162
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400000186999  
01/21/05-00082-006 150.00

**DO NOT WRITE 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)(i), 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

1-14-05 305-947-2320  
Date Daytime Phone #