

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90229 037 ***150.00

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1. Entity Name
DI VYNCHÉ CLOTHING CORP



Principal Place of Business
**1206 SO DIXIE HWY
LAKE WORTH, FL 33460 US**

Mailing Address
**1347 DATE PALM DR
LANTANA, FL 33462 US**

J4011113



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, KIRK A
1347 DATE PALM DR
LANTANA, FL 33462**

**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 re-registering)

DATE

4-25-04

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTOR, WESLEY
STREET ADDRESS	57 MORTON AVE
CITY-ST-ZIP	FREEPORT, NY 11520
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<i>Founder/Partner</i>
NAME	<i>Kirk Stevens</i>
STREET ADDRESS	<i>1347 Date Palm Dr</i>
CITY-ST-ZIP	<i>Lantana FL 33462</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #

4-25-04

(561) 876-6182