


421

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90464 038 ***150.00

DOCUMENT # P02000106121 1. Entity Name MJM DESIGNER SHOES OF HIALEAH, INC.					
Principal Place of Business 1830 RT 130 N C/O TAX DEPT BURLINGTON, NJ 08016			Mailing Address 1830 RT 130 N C/O TAX DEPT BURLINGTON, NJ 08016		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 56-2297188				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SEALE, WADE % BURLINGTON COAT FACTORY 25813 ROUTE 19 N CLEARWATER, FL 34623			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILSTEIN, MONROE G 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILSTEIN, ANDREW 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS TAN, PAUL ← <i>PAUL</i> 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LA PENTA, ROBERT 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILSTEIN, STEPHEN 1830 RT 130 N BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO NESCI, MARK A 1830 ROUTE 130 N. BURLINGTON, NJ 08016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TANG, PAUL C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>[Signature]</i> C.F.O. ROBERT L. LA PENTA 4-20-2005 609-387-7800					