## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED

**DOCUMENT # P02000118611** 



04 OCT 22 AM 10: 15 EMAN KLOTHING HOT SPOT, INC. SECRETARY OF STATE REINSTATEMENT of Mailing Address Principal Place of Business 2200 E FOWLER #70 2200 E FOWLER #70 TAMPA, FL 33612 TAMPA, FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 09202004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State Not Applicable Country Zìo Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLE, KATHY L Street Address (P.O. Box Number is Not Acceptable) 205 W. MLKING BLVD. #204 **TAMPA, FL 33603** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition TITLE ☐ Change TITLE NAME MAWAJDEH, AMIN STREET ADDRESS 823 BLACKBERRY LANE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33511 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAWAJDEH, IMAN NAME NAME STREET ADDRESS STREET ADDRESS 823 BLACKBERRY LANE TAMPA, FL 33511 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition 10722704-201632-201 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Division Of Corporation P.O. Box 6327 Tallahassee, FL. 32314

October 11, 2004

RE: Emans Klothing Hot Spot Inc. #P02000118611

## Dear Sir:

Please be advised that Emans Klothing Hot Spot, Inc., mailing address changed. We did not receive the initial annual notice. Therefore, we are asking that you waive any additional fees at this time.

We are enclosing a check for \$150.00 in order the renew Emans Klothing Hot Spot, Inc.. If you have any questions please call.

Respectfully,

Amin Mawajdeh

President