

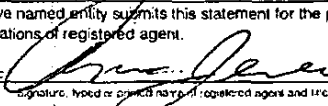
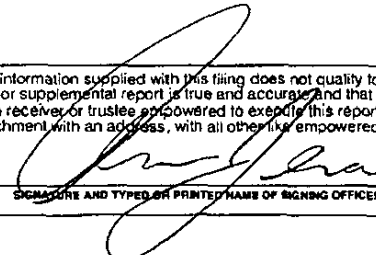


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

04-19-2004 90358 037 ***150.00

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|---|--|--|---|---|--|
| DOCUMENT # P02000133021 | | | |  | |
| 1. Entity Name GLOBAL UNIFORM COMPANY | | | | | |
| Principal Place of Business 5201 BLUE LAGOON DR., 8TH FLOOR MIAMI, FL 33126 | | | Mailing Address 5201 BLUE LAGOON DR., 8TH FLOOR MIAMI, FL 33126 | | |
| 2. Principal Place of Business 4350 OAKES Rd | | 3. Mailing Address 4350 OAKES ROAD | |  | |
| Suite, Apt. #, etc. SUITE 503 | | Suite, Apt. #, etc. SUITE 503 | | | |
| City & State Fort Lauderdale, FL | | City & State Fort Lauderdale, FL | | 04152004 Chg-P CR2E034 (10/03) | |
| Zip 33314 | | Country USA | | 4. FEI Number APPLIED FOR | |
| | | | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JENEI, ANNA 5201 BLUE LAGOON DR., 8TH FLOOR MIAMI, FL 33126 4350 OAKES Rd SUITE 503 FORT LAUDERDALE FL 33314 | | | | 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 constituting) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | P JENEI, ANNA 5201 BLUE LAGOON DR MIAMI, FL 33126 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JENEI, ANNA 4350 OAKES ROAD SUITE 503 FORT LAUDERDALE FL 33314 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input 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)(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:  ANNA JENEI 954-327-3697 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

Attachments 802000132021 66428964

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| Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service | Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records. | EIN OMB No. 1545-0003 |
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|------------------------|---|---|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested GLOBAL UNIFORM COMPANY | |
| | 2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 4350 OAKES RD SUITE 503 | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code FORT LAUDERDALE FL 33314 | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located BROWARD COUNTY FLORIDA | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor ANNA JENEI | 7b SSN, ITIN, or EIN 324 46-6372 |

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| 8a Type of entity (check only one box) | <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption Number (GEN) ▶ |
| <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ C <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises |

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| 8b If a corporation, name the state or foreign country (if applicable) where incorporated | State FLORIDA | Foreign country |
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| 9 Reason for applying (check only one box) | <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶ |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ | |

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| 10 Date business started or acquired (month, day, year) 10/1/2002 | 11 Closing month of accounting year DECEMBER |
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| 12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) | 10 |
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| 13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-" | Agricultural | Household | Other 0 |
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| 14 Check one box that best describes the principal activity of your business. | <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Wholesale-other <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) |
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| 15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. CLOTHING, HATS, APPAREL, T-SHIRTS, LOGO ITEMS |
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| 16a Has the applicant ever applied for an employer identification number for this or any other business? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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Note: If "Yes," please complete lines 16b and 16c.

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| 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ GLOBAL MARINE + HOTEL INTER | Trade name ▶ |
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| 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. | Approximate date when filed (mo., day, year) NOV 1, 1998 | City and state where filed FORT LAUDERDALE FL | Previous EIN 45-0968129 |
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| Third Party Designee | Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. | |
| | Designee's name | Designee's telephone number (include area code) () |
| | Address and ZIP code | Designee's fax number (include area code) () |

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| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | |
| Name and title (type or print clearly) ▶ ANNA JENEI | Applicant's telephone number (include area code) (954) 327-3097 |
| Signature ▶ <i>Anna Jenei</i> Date ▶ 6/14/04 | Applicant's fax number (include area code) (954) 327-3097 |