

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90424 027 \*\*\*150.00

DOCUMENT # P03000026449

1. Entity Name  
COSTUME DEPOT, INC.



Principal Place of Business  
802 NW 1ST AVENUE  
DELRAY BEACH, FL 33444

Mailing Address  
802 NW 1ST AVENUE  
DELRAY BEACH, FL 33444



2. Principal Place of Business

2411 NW 16 Lane

3. Mailing Address

2411 NW 16 Lane

Suite, Apt. #, etc.

Bay 7

Suite, Apt. #, etc.

Bay 7

City & State

Pompano Bch FL

City & State

Pompano Bch FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

03302005

Chg-P

CR2E034 (10/03)

4. FEI Number

83-0351999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, JOAN  
802 NW 1ST AVE.  
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4100 NW 74 STREET

City

Coconut Creek

FL

Zip Code

33073

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 of the 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	PD	<input type="checkbox"/> Delete
NAME	FREEDMAN, JOAN	
STREET ADDRESS	802 NW 1ST AVE.	
CITY - ST - ZIP	DELRAY BEACH, FL 33444	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BAKER TREES, NATALIE	
STREET ADDRESS	9177 COVE POINT CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH, FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOLMES, ELLEN	
STREET ADDRESS	15895 NW 16 CT.	
CITY - ST - ZIP	PEMBORKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4100 NW 74th STREET	
CITY - ST - ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Joan Freedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

7549874400

Daytime Phone #