## 2004 FOR PROFIT CORPORATION

SIGNATURE:

## Jul 26, 2004 8:00 am ANNUAL REPORT **Secrétary of State** DOCUMENT # P03000039850 07-26-2004 90011 027 \*\*\*150.00 1. Entity Name NATIONAL TEXTILE CORP. Mailing Address Principal Place of Business 44043374 621 NW 53RD STREET STE 2400 621 NW 53RD STREET STE 2400 BOCA RATON, FL 33496 BOCA RATON, FL 33496 3. Mailing Address 2. Principal Place of Business CR2E034 (10/03) Suite, Apt. #, etc. 03142003 Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1181861 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARNARD, ANDREW C Street Address (P.O. Box Number is Not Acceptable) 9655 SO. DIXIE HWY STE 108 MIAMI, FL 33156 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 BYIBN Halpern D.P. Change Production (21 NW 53 22 Syret, STE 2400 OFFICERS AND DIRECTORS 11. 10. Delete TITLE D TITLE NAME BARNARD, ANDREW C NAMÉ . STREET ADDRESS 9655 SO DIXIE HWY STE 108 STREET ADDRESS Boca Ratur, FL 33496 CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or one attachment with an additional statutes. CITY-ST-ZIP of the corporation or the receiver or trustee changed, or on an attachment with an add

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