

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-21-2004 90019 025 ***150.00

DOCUMENT # P03000099503 1. Entity Name ARLENE'S CUSTOM CLOTHING & ALTERATIONS, INC.					
Principal Place of Business 5276 N STATE ROAD 7 NORTH LAUDERDALE, FL 33068			Mailing Address 1340 SW 75TH AVENUE NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		06032004 Chg-P CR2E034 (10/03)	
4. FEI Number 01-0797070				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, ARLENE F 5276 N STATE ROAD 7 NORTH LAUDERDALE, FL 33068				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 \$550.00 Due by September 8, 2004			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	PD ANDERSON, ARLENE F 5276 N STATE ROAD 7 NORTH LAUDERDALE, FL 33068	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Arlene Anderson</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date JUNE 30-04 Daytime Phone 954.535-0100		

66432523



Attachment

66432523

#P03000099503

To: Department of Corporations
From: Arlene Anderson, Pres.
Arlene's Custom Clothing, Inc.
5276 N. State Rd. 7
N. Lauderdale, Fl. 33319
Re.: Annual Report

To whom it may concern,

Enclosed you will find the annual report form for 2003 to 2004. Regrettably, this form is being submitted past the deadline due to the following series of events. My business opened its doors in November of 2003 without benefit of an accountant or financial advisor. As a result, I was unaware of my responsibility to file an annual report. Upon being informed of the need to file this form I did everything in my power to comply. I called the Divisions of Corporations and spoke to several persons concerning this matter. I was advised to download the forms from your Website. I attempted to do so but was met with frustration because I was unable to provide a required number. Finally, after calling the DOC again and receiving this number I was able to acquire the form. Since then, I have acted with all possible haste to complete the forms and submit them.

Sincerely,

Arlene Anderson Pres.

Arlene Anderson
Arlene's Custom Clothing Inc. Pres.