

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000099503

1. Entity Name
ARLENE'S CUSTOM CLOTHING & ALTERATIONS, INC.



7/2:

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

07-21-2004 90019 025 ***150.00

66432523



06032004 Chg-P CR2E034 (10/03)

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.
City & State
Zip Country Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 01-0797070	Applied For Not Applicable
5. Certificate of Status Desired □	\$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 Zip Code
FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when readdressing)

DATE

**FILE NOW!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. \$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	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: *Arlene Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30-04 951-535-0100

Date

Daytime Phone #

Attachment

66432523
#P0300099503

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.