

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #
1925 NE 45th St

Suite, Apt. #, etc.

125

3. Mailing Address

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State

Zip
33308

Country

Zip

Country

08282008 Chg-P CR2E034 (12/06)



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

7. Name and Address of New Registered Agent

ANDERSON, ARLENE F
5276 N STATE ROAD 7
NORTH LAUDERDALE, FL 33068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600138047728 Change Addition
11/18/08-01023--008 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1925 NE 45th St S 125
Fort Lauderdale, FL
33308

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 21-08
Date Daytime Phone #