

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099503

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



FILED
08 NOV 18 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City & State
Fort Lauderdale FL
Zip
33308

City & State

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

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

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

TITLE PD ☐ Delete
NAME ANDERSON, ARLENE F
STREET ADDRESS 5276 N STATE ROAD 7
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE ☐ Delete
NAME 1925 NE 45th St
STREET ADDRESS Fort Lauderdale FL
CITY-ST-ZIP 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 600138047726
STREET ADDRESS 11/18/08--01023--008 **150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

REINSTATEMENT 2008

OCT 21-08