


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Pay by **FILED**  
Mar 15, 2007 08:00 AM  
Secretary of State

|   |   |
|---|---|
| <b>DOCUMENT # P03000103396</b>                    |  |
| 1. Entity Name<br>JASON SCOTT APPAREL GROUP, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>3240 SW 116 AVENUE<br>DAVIE, FL 33330 | Mailing Address<br>3240 SW 116 AVENUE<br>DAVIE, FL 33330 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-0239261                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |                                   |
|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>HILSENRAD, ROBERT<br>3240 SW 116 AVENUE<br>DAVIE, FL 33330 | <b>DO NOT WRITE IN THIS SPACE</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | DATE _____ |
|---|------------|

|   |  |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HILSENRAD, ROBERT<br>3240 SW 116 AVENUE<br>DAVIE, FL 33330 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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03/26/07-80007-024 150.00

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: <u>Robert Hilsenrad</u> <b>ROBERT HILSENRAD</b> | Date: <u>3/13/07</u> | Daytime Phone #: <u>954-473-8221</u> |
|--|----------------------|--------------------------------------|