

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-28-2005 90200 039 ***150.00

DOCUMENT # P03000118817

1. Entity Name
LOVE STORY JEANSWEAR, INC.



Principal Place of Business

**1889 NW 20th St.
Miami, FL 33142**

Mailing Address

**10421 S W 116th St.
Miami, FL 33176**



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0115858

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~ARENAS, ELIZABETH~~ **Peter A. Arenas**
~~10888 GW 135 TERR~~ **10421 S W 116th St.**
~~MIAMI, FL 33176~~ **Miami, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME ~~LEVINE, JEREMY~~ **X Delete**
STREET ADDRESS **2824 VALENCIA WAY**
CITY-ST-ZIP **FORTMYERS, FL 33901**

TITLE **V**
NAME ~~ARENAS, MARIO L~~ **X DELETE**
STREET ADDRESS ~~10888 GW 135 TERR~~
CITY-ST-ZIP ~~MIAMI, FL 33176~~

TITLE **PD**
NAME **Peter A Arenas**
STREET ADDRESS **10421 S W 116th St.**
CITY-ST-ZIP **Miami, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 507, 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

Case

Daytime Phone #

01/01/2005