

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000017571

FILED
May 25, 2005
Secretary of State

Entity Name: FASHION SURPLUS IMPORTERS, INC.

Current Principal Place of Business:

701 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

221 SE 12TH AVENUE
FORT LAUDERDALE, FL 33301

Current Mailing Address:

701 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301

New Mailing Address:

221 SE 12TH AVENUE
FORT LAUDERDALE, FL 33301

FEI Number: 20-0741179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEL CALVO, KATHRYN
701 IDLEWYLD DRIVE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

DEL CALVO, KATHRYN
221 SE 12TH AVENUE
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: KATHRYN DEL CALVO

05/25/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL CALVO, KATHRYN
Address: 701 IDLEWYLD DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP (X) Delete
Name: WILLIAMS, ROBERT J
Address: 701 IDLEWYLD DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: DEL CALVO, LEO JR.
Address: 701 IDLEWYLD DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: DEL CALVO, KRISTIN
Address: 701 IDLEWYLD DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP () Delete
Name: DEL CALVO, JASON
Address: 701 IDLEWYLD DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN DEL CALVO

PRES

05/25/2005

Electronic Signature of Signing Officer or Director

Date