

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096689

Entity Name: APPAREL CONNECTION, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

6301 NW 5TH WAY SUITE 2000
FT LAUDERDALE, FL 33309

New Principal Place of Business:

6301 NW 5TH WAY
SUITE 1700
FT LAUDERDALE, FL 33309

Current Mailing Address:

6301 NW 5TH WAY SUITE 2000
FT LAUDERDALE, FL 33309

New Mailing Address:

6301 NW 5TH WAY
SUITE 1700
FT LAUDERDALE, FL 33309

FEI Number: 20-1305747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMIM, AMJAD
6301 NW 5TH WAY SUITE 2000
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SHAMIM, AMJAD
6301 NW 5TH WAY
SUITE 1700
FT LAUDERDALE, FL 33309 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:

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHAMIM, AMJAD
Address: 6301 NW 5TH WAY SUITE 2000
City-St-Zip: FT LAUDERDALE, FL 33309

Title: SD () Delete
Name: SHAMIM, ASAD
Address: 6301 NW 5TH WAY SUITE 2000
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D () Delete
Name: MAZHAR, RIZWAN
Address: 6301 NW 5TH WAY SUITE 2000
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHAMIM, AMJAD
Address: 6301 NW 5TH WAY SUITE 1700
City-St-Zip: FT LAUDERDALE, FL 33309

Title: SD (X) Change () Addition
Name: SHAMIM, ASAD
Address: 6301 NW 5TH WAY SUITE 1700
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D (X) Change () Addition
Name: MAZHAR, RIZWAN
Address: 6301 NW 5TH WAY SUITE 1700
City-St-Zip: FT LAUDERDALE, FL 33309

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: AMJAD SHAMIM

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date