

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90232 029 \*\*\*150.00

DOCUMENT # P04000099077

1. Entity Name  
TIGHTLINES APPAREL, INC.



Principal Place of Business  
951 WEST 47TH COURT  
MIAMI BEACH, FL 33140

Mailing Address  
951 WEST 47TH COURT  
MIAMI BEACH, FL 33140

50016896



2. Principal Place of Business  
345 OCEAN DR  
Suite, Apt. #, etc.

3. Mailing Address  
345 OCEAN DR  
Suite, Apt. #, etc.

02162006 Chg-P CR2E034 (11/05)

City & State  
MIAMI BEACH, FL  
Zip 33139 Country

City & State  
345 OCEAN DR  
Zip 33139 Country

4. FEI Number 84-1672476 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
FARR, MATTHEW  
951 WEST 47TH COURT  
MIAMI BEACH, FL 33140  
345 OCEAN DR.  
MIAMI BEACH, FL  
33139

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

3/4/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PVP ☐ Delete  
NAME FARR, MATTHEW  
STREET ADDRESS 951 WEST 47TH COURT 345 Ocean Dr.  
CITY-ST-ZIP MIAMI BEACH, FL 33140 33139

TITLE TS ☐ Delete  
NAME FARR, MATTHEW  
STREET ADDRESS 951 WEST 47TH COURT  
CITY-ST-ZIP MIAMI BEACH, FL 33140

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  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

3/4/06

Daytime Phone #