

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90050 006 \*\*\*150.00

DOCUMENT # P04000099077

1. Entity Name  
TIGHTLINES APPAREL, INC.



Principal Place of Business  
345 OCEAN DR  
MIAMI BEACH, FL 33139

Mailing Address  
345 OCEAN DR  
MIAMI BEACH, FL 33139



2. Principal Place of Business - No P.O. Box #

48 FORREST AVE

Suite, Apt. #, etc.

3. Mailing Address

48 FORREST AVE

Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State

RUMSON, NJ

Zip

07760

Country

USA

City & State

RUMSON, NJ

Zip

07760

Country

USA

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  
345 OCEAN DR.  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name Robert Dreibelbis

Street Address (P.O. Box Number is Not Acceptable)

4878 NW 114 Ct

City Doral

FL

Zip Code 33178

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, 2007 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  
NAME FARR, MATTHEW  
STREET ADDRESS 345 OCEAN DR.  
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP  
NAME FARR, MATTHEW  
STREET ADDRESS 48 FORREST AVE  
CITY-ST-ZIP RUMSON, NJ 07760 ☒ Change ☐ Addition

TITLE TS  
NAME FARR, MATTHEW  
STREET ADDRESS 48 FORREST AVE  
CITY-ST-ZIP RUMSON, NJ 07760 ☒ Change ☐ Addition

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

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

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

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

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

4/25/07 917.657.5817  
Date Daytime Phone #