2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2008 8:00 am Secretary of State 05-02-2008 90172 033 ***150.00 **DOCUMENT # P05000001727** 1. Entity Name FIFTH AVENUE MEN'S WEAR, INC. THOSA. Principal Place of Business Mailing Address 1248 S BROAD STREET 1248 S BROAD STREET BROOKSVILLE, FL 34601 US BROOKSVILLE, FL 34601 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable 25-1907366 Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMDAN, MOHAMMAD Y Street Address (P.O. Box Number is Not Acceptable) 3172 GREYNOLDS AVE SPRINGHILL, FL 34608 Zip Code City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition D,C ☐ Delete TITLE TITLE HAMDAN, MOHAMMAD Y NAME NAME STREET ADORESS STREET ADDRESS 3172 GREYNOLDS AVE. CITY-ST-ZIP CITY-ST-ZIP SPRINGHILL, FL 34608 Addition TITLE P.VP ☐ Delete TITLE Change HAMDAN, MOHAMMAD Y NAME NAME 3172 GREYNOLDS AVE. STREET ADDRESS STREET ADDRESS SPRINGHILL, FL 34608 CITY-ST-7iP CITY+ST-ZIP ☐ Addition Delete TITE TITLE HAMDAN, MOHAMMAD Y NAME NAME STREET ADDRESS 3172 GREYNOLDS AVE. STREET ADDRESS SPRINGHILL, FL 34608 CHY=St=ZiP. CITY-ST-71P Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change* Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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