

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State****DOCUMENT # P05000052541**1. Entity Name  
**CITY CLOTHING INC.**Principal Place of Business  
**1973 N FEDERAL HWY  
POMPAHO BEACH, FL 33062**Mailing Address  
**1973 N FEDERAL HWY  
POMPAHO BEACH, FL 33062**

04122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2411665**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

**CORCOS, MENASHE  
8182 N.W. 124TH. TERRACE  
PARKLAND, FL 33076****DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fee**000000900204  
04/29/08-80018-015 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORCOS, MENASHE
STREET ADDRESS	8182 N.W. 124TH. TERRACE
CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Menashe Corcos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/08