


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90457 008 ***150.00

DOCUMENT # P05000111428 1. Entity Name 5TH AVENUE MENS WEAR, INC.			
Principal Place of Business 353 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880		Mailing Address 353 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	
2. Principal Place of Business 901 US Hwy 27 N Suite, Apt. #, etc. # 31 City & State Sebring FL Zip 33870 Country Highlands		3. Mailing Address 901 US Hwy 27 N Suite, Apt. #, etc. # 31 City & State Sebring FL Zip 33870 Country Highlands	
4. FEI Number 16-1743254		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HAMDAN, REIAD 46 POE DR. WINTER HAVEN, FL 33884		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 457 TERRANOVA ST City Winter Haven FL Zip Code 33884	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT HAMDAN, REIAD 353 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 457 TERRANOVA ST Winter Haven FL 33884
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Reiad HAMDAN</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/06 863-471-9090 Date Daytime Phone #	

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