## **DOCUMENT # P06000001055**

1. Entity Name

DOCTOR CLOSET "THE ORIGINAL", CORP.



FILED Mar 31, 2008 08:00 AN Secretary of State

Principal Place of Business

8055 WEST 23 AVE #6 HIALEAH, FL 33016

Mailing Address

8055 WEST 23 AVE #6 HIALEAH, FL 33016



## DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4051128

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ARBELO, ENERSON 8055 WEST 23 AVE #6 HIALEAH, FL 33016

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pitions of registered agent.	urpose of changing its register	ed office or registered agen	nt, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	(NOTE. Registero	d Agent signature required when reins	stating) [	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Added to Fe		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST ARBELO, ENERSON 8055 WEST 23 AVE #6 HIALEAH, FL 33016	TORS	Andrew Control		5951 054-004 150.00
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12. I hereby certify that the information supplied with this filling 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 adequast, with all effect in the empowered.