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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REJECTED
P06000083046
08 JUL -9 PM 3:51

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000083046

1. Entity Name
CANDIE MAN CUSTOMS, INC.

Principal Place of Business	Mailing Address
2113 SW 59TH TERRACE WEST PARK, FL 33023	2113 SW 59TH TERRACE WEST PARK, FL 33023

66015187

07082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4127 James st	2150 olean Bvld
Suite, Apt. #, etc. [redacted] 1 and 2	Suite, Apt. #, etc.
City & State: Port charlotte FL	City & State: Port charlotte FL
Zip: 33980 County: charlotte	Zip: 33952 County: charlotte

4. FEI Number: 20-5071074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIVAT, LESLIE
2113 SW 59TH TERRACE
WEST PARK, FL 33023

7. Name and Address of New Registered Agent

Name: Leslie Privat
Street Address (P.O. Box Number is Not Acceptable): 21510 olean Bvld
City: Port charlotte FL Zip Code

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: Leslie Privat [signature] President 7-8-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PRIVAT, LESLIE		NAME	700135371327
STREET ADDRESS	2113 SW 59TH TERRACE		STREET ADDRESS	09/04/08--01033--004 **150.00
CITY-ST-ZIP	WEST PARK, FL 33023		CITY-ST-ZIP	
TITLE	V	☑ Delete	TITLE	[illegible]
NAME	PRIVAT, ERNST		NAME	
STREET ADDRESS	172 SW 206 AVE		STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	[illegible]
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	[illegible]
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Ch[illegible] ☐ [illegible]
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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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] Leslie Privat President 7-8-08 (954) 708-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SP 8/27