## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 19, 2007 8:00 am Secretary of State **DOCUMENT # P06000121598** 04-19-2007 90196 025 \*\*\*150.00 CLOTHES FOR THE CLOTH, INC. Principal Place of Business Mailing Address **AUUUUU** 2200 MONROE STREET 2200 MONROE STREET APT. #1 APT. #1 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIERRA, BEATRIZ E Street Address (P.O. Box Number is Not Acceptable) 2200 MONROE STREET APT. #1 HOLLYWOOD, FL 33020 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition SIERRA, BEATRIZ E NAME NAME STREET ADDRESS 2200 MONROE STREET, APT. #1 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-7IP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition 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-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 facturate 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. Duria **SIGNATURE:**