

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P22802

1. Entity Name
CLOSET EMPORIUM, INC.



Principal Place of Business
3301 N.W. 168TH STREET
MIAMI, FL 33056

Mailing Address
3301 N.W. 168TH STREET
MIAMI, FL 33056



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0088171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MALIS, MORTON
3301 N.W. 168TH STREET
MIAMI, FL 33056

**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 title 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 Fees

U00000871568
04/10/08-80002-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALIS, MORTON 3301 NW 168TH ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALIS, ADRIENNE 3301 N.W. 168TH STREET MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALIS, ADRIENNE 3301 N.W. 168TH STREET MIAMI, FL
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-08 305.623-8782