

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90045 001 ***150.00

DOCUMENT # P92000014511

1. Entity Name

BACKSTREET CLOTHING COMPANY, INC.



Principal Place of Business

**2106 W ATLANTIC AVE.
DELRAY FL 33445**

Mailing Address

**2106 W ATLANTIC AVE.
DELRAY FL 33445**

BACKSTREET C

2200 Glades Road

Suite 706-7

Boca Raton, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0376083**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSES, DAN W
ONE SOUTH OCEAN BLVD
SUITE 324
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
SCHWARTZ, MARTY
2120 W ATLANTIC AVE
DELRAY BEACH FL 33445** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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:

Marty Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7920000014511

5/14/05

40084848

To: Division of Corporations

RE: 65-0376083

Annual Corporation Filing.

Dear Sir,

Our Business RElocated From
The Address Shown on our Filing
To The BocaRaton Address Noted
Above. This Application was just RECD
5/13/05. from our Forwarding Mail.

Thank you in Advance For your
Consideration.

Debra Ann Manson
BOB KIKESPE.