## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED May 05, 2006 8:00 am Secretary of State

1. Entity Name "				05-05-2006 9019		
BACKSTF	REET CLOTHING COMPANY	, INC.	7			
Principal Plac	e of Business	Mailing Address			•	
2200 GLADI		2200 GLADES RD		A STANDAY OF THE BOY SAME SAME SAME		
SUITE 706-7 BOCA RATO	ON FL 33431	SUITE 706-7 BOCA RATQN FL 33431	٨			
		A CACCO	at Hodge	4		
2. Principal Place of Business 666 Blow 6669 Boynton Black			n Black Block			
Suite, Apt.		Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/05)	
Gity & State	n Buch H. 33437		FL	4. FEI Number 65-0376083	o ⊢——	olied For Applicable
731 731	Country USA	Zip33437	Country USA	5. Certificate of Status Desired	S8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name			
MOSES, DAN W ONE SOUTH OCEAN BLVD SUITE 324			Street Address	s (P.O. Box Number is Not Acceptable)		
BOC	TE 324 CA RATON FL 33432					
	5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City		FL Zip Code	· "
R The shove	named entity submits this statement for	the purpose of changing its re-	distand office or regist	pared agent or both in the State of FI		and accept
	tions of registered agent.	The perpense of changing its re-	gistalico dilico di logist	oreo agont, or both, male otale or m	Oloda. Yani idirilidi 1961, e	and accept
SIGNATURE .	Signature, typed or printed name of registered again a	nd little if applicable (NOTE: Re	egistered Agent signature requir	red when reinstaling)	DATE	<del></del>
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of			9. Election Camp Trust Fund Cor		0 May Be d to Fees
After	May 1, 2006 Fee Will Be \$550.00	State	11.		ntribution.	d to Fees
Make Checi 10.	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND I	State	TITLE	Trust Fund Cor	ntribution.	d to Fees
After Make Checi 10.  IITLE NAME	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND IDPS SCHWARTZ, MARTY	State : DIRECTORS	TITLE	Trust Fund Cor	Itribution. Adde	d to Fees
After Make Checi 10.  IITLE NAME	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND I DPS SCHWARTZ, MARTY 2120 W ATLANTIC AVE	State DIRECTORS  Delete  Buyntan Black Black	TITLE	Trust Fund Cor	Itribution. Adde	d to Fees
Make Checi 10.  IITLE NAME STREET ADDRESS	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND I DPS SCHWARTZ, MARTY 2120 W ATLANTIC AVE	State DIRECTORS  Delete  Buyntan Black Black	TITLE NAME STREET ADDRESS	Trust Fund Cor	Itribution. Adde	d to Fees
After Make Checi 10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of OFFICERS AND I DPS SCHWARTZ, MARTY 2120 W ATLANTIC AVE	State : DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Cor	TICERS AND DIRECTORS	IN 11 Addition
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12. I hereby certify that the information supplied with this filling does not qualify be the exemptions contained in Section 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

4/24/06

511- 736- 1897 Dayland Phone #