## 2004 FOR PROFIT CORPORATION

## **FILED** Jan 22, 2004 08:00 AM Secretary of State

DOCUMENT # PS 1. Entity Name CLOSETS USA, INC.		
Principal Place of Business 5030 S RIDGEWOOD AVE PORT ORANGE, FL 32127 U	Mailing Address 5030 S RIDGEWOOD AVE PORT ORANGE, FL 32127	US



## DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number

59-3198214 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

Name and Address of Current Registered Agent				Company of the second s		
LAMBERT, IRENE 831 RAILROAD ST. #12 PT ORANGE, FL 32119		DO NOT WRITE IN THIS SPACE				
8. The above named entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent						
SIGNATURE Symme, yourd or printed agont and this if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	, , , , , , , , , , , , , , , , , , , ,	
10.	OFFICERS AND DIREC	CTORS	1			
TITLE NAME STHEET ADDRESS GITY-ST-ZIP	P LAMBERT, IRENE B. 757 FOXHOUND PORT ORANGE, FL 32124				U00000010491 01/22/04-80033-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01722704~00000 020 100.00	
TITLE MAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			t.		_	
HITLE NAME STREET ADDRESS CHY-ST-MP					•	
12. I hereby of indicated of the coll changed	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with	ling does not qualify for the exer and accurate and that my signat to execute this report as requit other like empowered	mption state ure shall haved by Chap	d in Section 119.07(3) te the same legal effeter 607, Florida Statut	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	

SIGNATURE: SUM