

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000005956

1. Entity Name
ATLANTIC HOSIERY & APPAREL, INC.



Principal Place of Business
**4700 N.W. 132ND ST.
OPA LOCKA, FL 33054**

Mailing Address
**4700 N.W. 132ND ST.
OPA LOCKA, FL 33054**



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0483828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMOLER, BRUCE J
100 S.W. 2ND ST.
SUITE 3940
MIAMI, FL 33131**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000429105
02/21/06-80074-002 158.75**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITEBOOK, DANIEL S
STREET ADDRESS	4700 N.W. 132ND ST.
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	PSTD
NAME	KLODA, RUBEN
STREET ADDRESS	4700 N.W. 132ND ST.
CITY-ST-ZIP	OPA LOCKA, FL

TITLE	D
NAME	GOTTLIEB, NEIL
STREET ADDRESS	4700 NW 132ND ST.
CITY-ST-ZIP	OPA LOCKA, FL 33054

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

2/7/06
Date

Daytime Phone #