

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000005956

1. Entity Name
ATLANTIC HOISIERY & 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

**FILED
Jan 14, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J
2611 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0483828	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

**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

U000000183841
01/16/08-80030-024 158.75

10. OFFICERS AND DIRECTORS

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

TITLE STD
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

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

1/14/08

Date

305-685-7617

Daytime Phone #

1/14/08 305-685-7617 Daytime Phone #