


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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



01092008 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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J
2611 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	01/16/08-80030-024 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEBOOK, DANIEL S 4700 N.W. 132ND ST. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLODA, RUBEN 4700 N.W. 132ND ST. OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTLIEB, NEIL 4700 NW 132ND ST. OPA LOCKA, FL 33054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **1/14/08** **305-685-7627**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #