(349)

2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P94000059598 1. Entity Name BURLINGTON COAT FACTORY WAREHOUSE OF SOUTH DALE MABRY, INC.					40072640					
Principal Place of Business Mailing Address										
1830 ROUTE 130 NORTH 1830 ROUTE 130 NORTH					<u> </u>		:			
C/O TAX DEPT C/O TAX DEPT										
			6 US	;						
	,						8			
2. Principal P	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04122005	Chg-P	CR2E	034 (10/03)	
City & State		City & State				4. FEI Numbei			Ap	plied For
Zip Country		Zip Country				59-3661763 Not Applicable 5 Continue of State Position State of State Position State of State Position State of State o				
Ζ.μ	Country	Σip	COGA	y		5. Certificate of	f Status Desired		Fee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New F	Registered	Agent	
				Name						
SEALE, WADE				Street A	ddrana (i	DO Pay Mumba	is Not Assentable	۵۱		
% BURLINGTON COAT FACTORY 25813 ROUTE 19 N.				Street Address (P.O. Box Number is Not Acceptable)						
	TER, FL 33763									•
				City				F	Zip Code	 B
The above named entity submits this statement for the purpose of changing its registere										
	riarned entity submits this statement to ions of registered agent.	r the purpose of changing its	registere	ea onice or	register	ed agent, or bott	i, in the State of FR	onda. Fan	rramılar wim,	али ассері
NONUTIPE										
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signati	re required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0		ibution.	acing	\$5. Add	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	FICERS AN		
TITLE	DP	Delete	TITL		00:	,			Change	Addition
NAME	MILSTEIN, MONROE G CEO	NAM			MIL	STEW	MONROE	G.		
STREET ADORESS				ET ADORESS						
CITY-ST-ZIP			- ST - ZiP							
TITLE	DV Delete IIII							Change	☐ Addition	
NAME			NAM		Į .					
STREET ADDRESS				et address -st-zip	İ					
CITY-ST-ZIP						,			C Change	Addition
TITLE NAME	VS TANG, PAUL C	☐ Delete TII							☐ Change	LI Addition
STREET ADDRESS	·			et address	1					
CITY-ST-ZIP				- ST-ZIP						
TITLE	CFO	□ Oelele	דוד <u>ו</u>			·			☐ Change	Addition
NAME	LA PENTA, ROBERT L	Li delete			Ì				C Onlings	
STREET ADDRESS	1830 ROUTE 130 NORTH			et address						
CITY-ST-ZIP	BURLINGTON, NJ 08016		CITY	-ST-ZIP						
TITLE	DV	☐ Delete	TITL	<u> </u>					☐ Change	☐ Addition
NAME	MILSTEIN, STEPHEN E									
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	BURLINGTON, NJ 08016		-	·ST-ZIP	<u> </u>					
TITLE		☐ Delete	TITL						Change	☐ Addition
NAME CTREET ADDRESS	-		NAM ette							
STREET ADDRESS				ET ADDRESS	}					
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information										
10 15	and the state of the first of the second of	All the state of t			i b	otion 110 07/01/	فينفخف مامانيماك	الجنور وقوا	artifu that the i	nformation

indicated on this report or supplies with this limity does not quality for the exemption stated in Section 119.07(3)(i), Frortial statutes. I further certify that in enformation indicated on this report or suppliemental 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.

4-20-2005

Daytime Phone #