


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000074108	
1. Entity Name KLAPPERS FASHIONS, INC.	

Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0528427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145

**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  **AMARA CANTERA LOPEZ, PRESIDENT** **3/22/05**
(NOTE: Registered Agent signature required when re-filing) **DATE**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	ROZENCWAIG, ISRAEL
STREET ADDRESS	1 SE 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	ROZENCWAIG, SARA
STREET ADDRESS	1 SE 3RD AVE.
CITY-ST-ZIP	MIAMI, FL 33131
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 exemption stated in Section 119.07(3)(i), 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

ISRAEL ROZENCWAIG, PRESIDENT

Date

Daytime Phone #

3/11/05