


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90218 050 \*\*\*150.00

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| <b>DOCUMENT # P96000097913</b>                            |  |
| 1. Entity Name<br>GOLDEN BEAR APPAREL INTERNATIONAL, INC. |   |

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|---|---|
| Principal Place of Business<br>11780 US HIGHWAY ONE<br>SUITE 500<br>NORTH PALM BEACH, FL 33408 US | Mailing Address<br>11780 US HIGHWAY ONE<br>SUITE 500<br>NORTH PALM BEACH, FL 33408 US |
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| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
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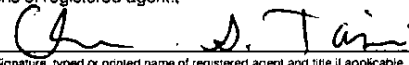
4. FEI Number  
65-0728619

Applied For  
Not Applicable

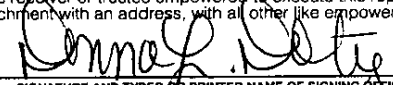
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent<br>HAILE, SHAW & PFAFFENBERGER, P.A.<br>11780 US HIGHWAY ONE<br>SUITE 300<br>NORTH PALM BEACH, FL 33408 |  |
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| 7. Name and Address of New Registered Agent<br>Name<br>Haile Shaw & Pfaffenberger, P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>660 U.S. Highway One, Suite 300<br>City<br>North Palm Beach FL Zip Code<br>33408 |  |
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| 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 <br>Signature, typed or printed name of registered agent and title if applicable.  | DATE<br>4-17-07<br>(NOTE: Registered Agent signature required when reinstating) |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees         |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>NICKLAUS, JACK W<br>11780 US HIGHWAY ONE SUITE 5400<br>NORTH PALM BEACH, FL 33409  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VP<br>NICKLAUS, STEVEN C<br>11780 US HIGHWAY ONE SUITE 500<br>WEST PALM BEACH, FL 33408 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>AS<br>DOTY, DONNA L<br>11780 US HIGHWAY 1, #500<br>NORTH PALM BEACH, FL 33408           | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>D<br>NICKLAUS, JACK W II<br>11780 US HIGHWAY ONE STE 400<br>NORTH PALM BEACH, FL 33408  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>VPS<br>O'BRIEN, ANDY<br>11780 US HIGHWAY ONE STE 500<br>NORTH PALM BEACH, FL 33480      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>S<br>DOTY, DONNA L<br>11780 U.S. HIGHWAY ONE STE 500<br>NORTH PALM BEACH, FL 33480      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |

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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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>Donna L. Doty  | Date<br>4-23-07<br>Daytime Phone #<br>561-227-0320 |