

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90031 044 ***150.00

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1. Entity Name

PAUL'S TAILORS, INC.



Principal Place of Business

3113 BAYVIEW DRIVE
FORT LAUDERDALE FL 33306

Mailing Address

4230 NE 29TH AVE
FORT LAUDERDALE FL 33308

34043306



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0736359

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOTERA, LEOPOLDO F
3113 BAYVIEW DRIVE
FORT LAUDERDALE FL 33306

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME TOTERA, LEOPOLDO F
STREET ADDRESS 4280 NE 29TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ Change ☐ Addition
NAME TOTERA, LEOPOLDO F.
STREET ADDRESS 4230 NE 29th Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE D ☐ Delete
NAME TOTERA, MARIA
STREET ADDRESS 4280 NE 29TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ Change ☐ Addition
NAME TOTERA, MARIA
STREET ADDRESS 4230 NE 29 Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Maria M. Toter Maria M. Toter, Director

3/10/2004 954-566-5815