

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000015054 1. Entity Name CLUB 55 APPAREL, INC.				
Principal Place of Business 455 LINCOLN ROAD MIAMI BEACH, FL 33139		Mailing Address 455 LINCOLN ROAD MIAMI BEACH, FL 33139		
DO NOT WRITE IN THIS SPACE				
				03172004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0733172		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 SCHECHTRAN, JENNIFER 9050 PINES BLVD SUITE 385A PEMBROKE PINES, FL 33024		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		U000000112782 04/14/04-80035-011 158.75		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECHINAINOU, PAUL 455 LINCOLN ROAD MIAMI BEACH, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECHINAINOU, YVES 455 LINCOLN ROAD MIAMI BEACH, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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: <u>Paul Bechinainou</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/28/04 305-467-4144 <small>Date Daytime Phone #</small>		