

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000058941

1. Entity Name
J.'S CLOTHING CO.



Principal Place of Business
1952 E SUNRISE BLVD
FT LAUD, FL 33304 US

Mailing Address
1952 E SUNRISE BLVD
FT LAUD, FL 33304 US



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0766980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEVERN, JAMES D PRES
211 N.E. 16TH AVENUE
FORT LAUDERDALE, FL 33301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KEVERN, JAMES D
STREET ADDRESS 211 N.E. 16TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE D
NAME OELKE, ROBERT M
STREET ADDRESS 211 N.E. 16TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE
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STREET ADDRESS
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05/02/06-80073-006 150.00

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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: JAMES D. KEVERN 4/17/06 954/522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #