


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P98000040813 1. Entity Name E&L USED CLOTHING, INC. |  |
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| Principal Place of Business 24 SW 6 AVE. HOMESTEAD, FL 33030 | Mailing Address PO BOX 901060 HOMESTEAD, FL 33033 |
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0832422 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

HALL, LORAN W
28240 SW 161 AVE
MIAMI, FL 33030

**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 _____
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**

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S HALL, LORAN WAYNE 28240 SW 161 AVE MIAMI, FL 33030 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/T HALL, EDLINA 28240 SW 161 AVE MIAMI, FL 33030 |
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1100000118299
04/19/04-80054-008 150.00

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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)(f), 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 line empowered.

SIGNATURE: LORAN W. HALL 4/14/04 305-246-3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #