


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90050 048 \*\*\*150.00

<b>DOCUMENT # P98000062122</b> 1. Entity Name <b>NEW IMAGE MENS WEAR INC</b>																													
Principal Place of Business <b>305 HAVENDALE BLVD AUBURDALE, FL 33823</b>			Mailing Address <b>305 HAVENDALE BLVD AUBURDALE, FL 33823</b>																										
2. Principal Place of Business Suite, Apt. #, etc. <b>321 B Havendale Blvd</b> City & State <b>Auburndale FL</b> Zip <b>33823</b>			3. Mailing Address Suite, Apt. #, etc. <b>321 B Havendale Blvd</b> City & State <b>Auburndale FL</b> Zip <b>33823</b>																										
Country <b>USA</b>			Country <b>USA</b>																										
4. FEI Number <b>59-3512861</b>			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																										
6. Name and Address of Current Registered Agent  <b>ZABAN, ALAA A 619 CARVASE STREET LAKELAND, FL 33805</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZABAN, ALAA A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>619 CARVASE STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33805</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	ZABAN, ALAA A		STREET ADDRESS	619 CARVASE STREET		CITY-ST-ZIP	LAKELAND, FL 33805		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<div style="display: flex; justify-content: space-between;"> <span><i>2-6-6</i></span> <span><i>967-6000</i></span> </div>																													