


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90085 015 ***150.00

DOCUMENT # P98000103380 1. Entity Name LARGE APPAREL OF FLORIDA, INC.					
Principal Place of Business 100 METRO WAY SECAUCUS, NJ 07094			Mailing Address 100 METRO WAY SECAUCUS, NJ 07094		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3622209	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLEIN, JEFFREY A 100 METRO WAY SECAUCUS, NJ 07094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFO/VP/SEC. STEVE FELDMAN 100 METRO WAY SECAUCUS, NJ 07094	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV FELDMAN, STEVE 100 METRO WAY SECAUCUS, NJ 07094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFO/VP/SEC. STEVE FELDMAN 100 METRO WAY SECAUCUS, NJ 07094	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHAPIRO, ETHAN 100 METRO WAY SECAUCUS, NJ 07094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV ABATE, MICHAEL A 100 METRO WAY SECAUCUS, NJ 07094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CRISTOPHE, CLEVELAND 100 METRO WAY SECAUCUS, NJ 07094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR WILLIAM PHOENIX 100 METRO WAY SECAUCUS, NJ 07094	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR THOMPSON, DARRYL 100 METRO WAY SECAUCUS, NJ 07094		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MICHAEL A. ABATE Vice President/Treasurer		
Date			Daytime Phone #		

50010887



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