

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 28, 2009
Secretary of State**

DOCUMENT# P98000103380

Entity Name: LARGE APPAREL OF FLORIDA, INC.

Current Principal Place of Business:100 METRO WAY
SECAUCUS, NJ 07094 US**New Principal Place of Business:****Current Mailing Address:**100 METRO WAY
SECAUCUS, NJ 07094 US**New Mailing Address:**

FEI Number: 22-3622209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PRES () Delete
Name: NEWMAN, STEVE
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 USTitle: SRVP () Delete
Name: HURD, SCOTT
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 USTitle: TVP () Delete
Name: ABATE, MICHAEL A
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 USTitle: D () Delete
Name: PHOENIX, WILLIAM
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 USTitle: D (X) Delete
Name: THOMPSON, DARRYL
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 USTitle: ASEC (X) Delete
Name: WHITE, BARRY B
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SEC (X) Change () Addition
Name: HURD, SCOTT
Address: 100 METRO WAY
City-St-Zip: SECAUCUS, NJ 07094 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. ABATE

TVP

09/28/2009

Electronic Signature of Signing Officer or Director

Date