2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 23, 2004 8:00 am Secretary of State 01-23-2004 90039 007 ***150.00 **DOCUMENT # P99000077599** 1. Entity Name PVH, INC. Principal Place of Business Mailing Address 318 WEXFORD TERRACE 318 WEXFORD TERRACE VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0951377 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, WAYNE C ESQ. Street Address (P.O. Box Number is Not Acceptable) 1314 E. VENICE AVENUE SUITE E VENICE, FL 34292 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE = **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTD ■ Addition TITLE Delete TITLE HERTEL, PAUL R JR. NAME NAME 318 WEXFORD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP VSD Change ☐ Addition TITLE ☐ Delete TITLE HERTEL, ELEANOR T NAME NAME 318 WEXFORD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP. TITLE Delete Change : ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAMĒ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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

O NAME OF SIGNING OFFICER OR DIRECTOR