EL45L40

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000097755

1. Entity Name
TEXTILE CONSULTING, INC.

Principal Place of Business	Mailing Address
5380 GULF OF MEXICO DR 305 LONGBOAT KEY, FL 34228	C/O MARVIN KARP 261 5TH AVE, 12TH FL NEW YORK, NY 10016

04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3606029
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000149360
05/03/04 00184 018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHMAN, FRED
STREET ADDRESS	5380 GULF OF MEXICO DRV 305
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VPD
NAME	RICHMAN, RITA
STREET ADDRESS	5380 GULF OF MEXICO DRV 305
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VPD
NAME	SAIVETZ, CAROL
STREET ADDRESS	5380 GULF OF MEXICO DRV 305
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	TCFO
NAME	KARP, MARVIN
STREET ADDRESS	5380 GULF OF MEXICO DRV 305
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: Marvin Karp CFO 04/06/04 212-685-7707 x 10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #