## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000102163

1. Entity Name

"S" AND "T" TAILORING INCORPORATED



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Pface of Business

3636 SW SHORE BLVD TAMPA, FL 33629 Mailing Address

3636 SW SHORE BLVD TAMPA, FL 33629



DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3612469 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABONOUR, STEPHANE 3636 SW SHORE BLVD TAMPA, FL 33629

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	surpose of changing its registered	d office or registered agent, or both	, in the State of Florida. I am famillar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent, and title in	f applicable. (NOTE Registered	Agent signature required when reinstaling)	DATE
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	
t0.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CHY-S1-ZIP	PVTS ABONOUR, STEPHAN 3636 S WESTSHORE BLVD TAMPA, FL 33629	::	t two and and a second	U00000514046 04/29/06-80152-018 150.00
TITLE NAME STREET ADDRESS CITY-57-ZIP				
TITLE NAME				

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not quality 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 empty and 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: \_

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CKTY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TITED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/13/06\_ 813

813-835-1860

Daytime Phone #