

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

*Did FILED*  
**Jun 06, 2005 08:00 AM**  
**Secretary of State**  
*RECEIVED*  
**CARD**

**DOCUMENT # S82699**  
1. Entity Name  
**AMERICAN EMBROIDERED APPAREL, INC.**



Principal Place of Business  
**100 SW 5TH ST  
POMPAÑO BEACH, FL 33060 US**

Mailing Address  
**100 SW 5TH ST  
POMPAÑO BEACH, FL 33060 US**



05312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0290987**

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

6. Name and Address of Current Registered Agent  
**TREIBER, KEITH H.  
100 SW 5TH ST  
POMPAÑO BEACH, FL 33060**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES TREIBER, KEITH H. 2058 NW 52 ST BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TREIBER, KAREN 2058 NW 52 ST BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*S/31/05*  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_