

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S94863**

1. Entity Name

CLOSET GALLERY INTERNATIONAL INC.



Principal Place of Business

3700 N.W. 124TH AVENUE  
BAY 129  
CORAL SPRINGS, FL 33065

Mailing Address

3700 N.W. 124TH AVENUE  
BAY 129  
CORAL SPRINGS, FL 33065



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0303902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ROTHSTEIN, LEONARD  
3700 N.W. 124TH AVENUE  
BAY 129  
CORAL SPRINGS, FL 33065

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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 DP  
NAME ROTHSTEIN, LEONARD  
STREET ADDRESS 3700 N.W. 124TH AVENUE  
CITY - ST - ZIP CORAL SPRINGS, FL

TITLE VP  
NAME ROTHSTEIN, HARRIET  
STREET ADDRESS 3700 N.W. 124TH AVENUE  
CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE S  
NAME SARAHINIS, THOMAS  
STREET ADDRESS 3700 N.W. 124TH AVENUE  
CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000165042  
07/09/04-80014-001 150.00

**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)(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

Date

Daytime Phone #

LEONARD ROTHSTEIN 7/7/04 954-315-5753