

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-04-2005 90061 016 ***150.00

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



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3700 NW

3. Mailing Address

Suite, Apt. #, etc. #111

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0303902

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	ROTHSTEIN, LEONARD	NAME	
STREET ADDRESS	3700 N.W. 124TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ROTHSTEIN, HARRIET	NAME	
STREET ADDRESS	3700 N.W. 124TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	SARAHINIS, THOMAS	NAME	
STREET ADDRESS	3700 N.W. 124TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leonard Rothstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 954-3455755
Date Daytime Phone